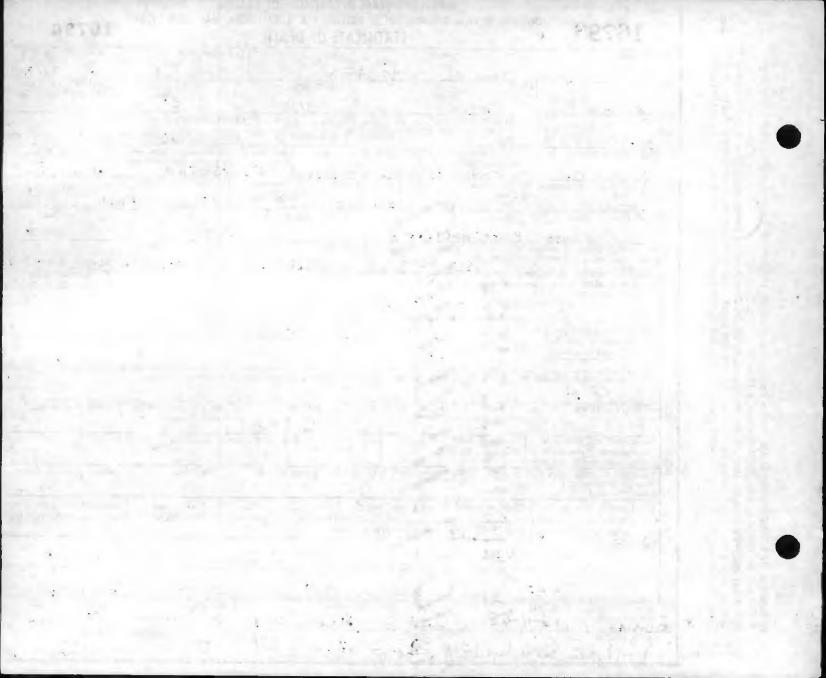
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16795 CERTIFICATE OF DEATH DECEASED-NAME First Middle 2b. HOUR P Last 2g. DATE OF DEATH (Type or print) **AKERS** Lukie Alford December 4. RACE 5. DATE OF BIRTH IF UNDER I YEAR 6. AGE (In years lost birthdoy) MONTHS and completely filled in by the remove corbon papers. Page: n ony event, within 72 hours of July 4, 1932 Male White executed within 24 hours of 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED W. Virginia U.S. WIDOWED DIVORCED [7] Anne Arundel 10. CITY OR TOWN OF DEATH
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.)

Crownstille Annapolis Anne Arundel Gen. Hospital 10. CITY OR TOWN OF DEATH 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 113c, CITY OR TOWN 13d. ENSIDE CITY LIMITS? 13e. STREET AND NUMBER Loop Road Crownsville Maryland Arundel or removal, and in any 14. FATHER'S NAME Middle Last 15. MOTHER'S MAIDEN NAME First Lost 4ARLOW MON erthicate 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Ye no ocunkcown) JEAN APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Cardiac arrest - - instantly DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) (b) Left main coronary artery occlusion one hour rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause several signed t (Arteriosclerosis - - months PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 may be retained by the hospital or attending After this certificate has been a be detached for use as the e State Dept. of Health prior to 190. DATE OF OPERATION 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES Y 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while at wark 22a. I certify that (I) (bus tasked) attended the deceased fram Nov. 29, 1965, to December 3019.68, that (I) (bus) last saw the deceased alive an December 18, 1968, and that in (my) (pus) apinion death accurred an the date and haur and fram the causes stated above, (I) (ye) (did) (shauld TO FUNERAL DIRECTOR: director, page 3 shauld 22b. SIGNATURE 22c. DATE SIGNED MED. DIRECTOR director, page 3 should be filed v DEGREE December 31.1968 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Charles W. Kinzer, M. D. 16 Murrary Ave., Annapolis, Md. 21401 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE 24. FUNERAL DIRECTOR AVLOR SONS ANNAPOLIS

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30M REY



23c. NAME OF CEMETERY OR CREMATORY

- Glen Burnie, Md.

250. REC'D BY REGISTRAR

DEC 20

6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday) HOIRS 12b. KIND OF BUSINESS OR Union 101 Rt.4, Box 372 Lost Address APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2Db. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING State County 22c. DATE SIGNED 23d. LOCATION (City or Town) (County) (State) Grantte Preshvteian Cem. Grantie. Maryland 256. REGISTRAR'S SIGNATURE 1968

Day

1968

2b. HOUR

230. BURIAL, CREMATION,

REMOVAL (Specify)

236. DATE

Burial 12/20/68 Singleton Funeral Home

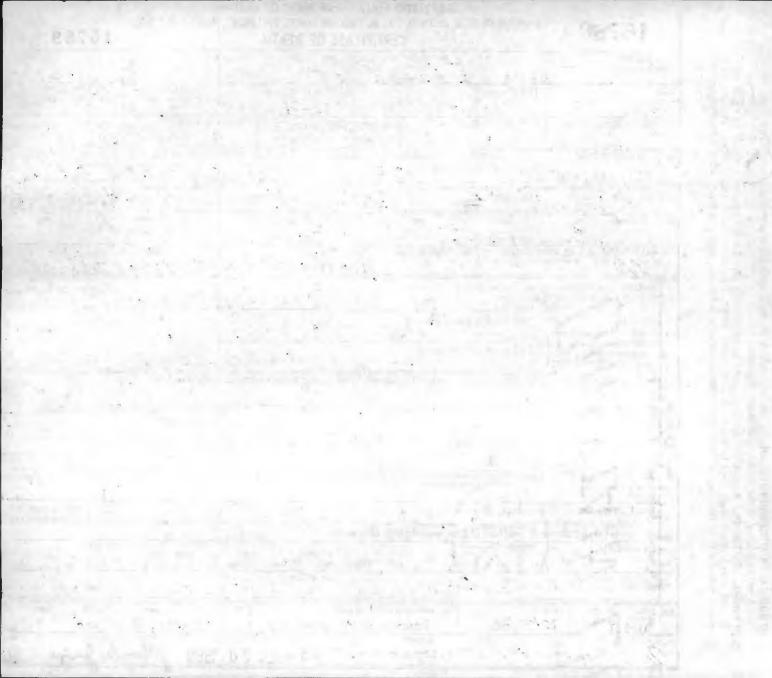
Robert P. Ware

ACAST -Parameters of the control of the con Samuel College College

BUIDI April 10 and 10 5- --.00.1.4 - Intime to the state of the st artitod - sales - total - trate - total - best to . . . manufacture of the latest and the la and a second

30M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16800 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 20. DATE OF DEATH 26 HOUR P death certificate be executed within 24 haurs after death (Type or print) BEALL Month Philip Wilfred December 3. SEX 4. RACE 5. DATE OF BIRTH 6 AGE (In years IF LINDER last birthday) MONTHS White DAYS Male Dec. 11, 1903 7a BIRTHPLACE (State or foreign **7b CITIZEN OF WHAT COUNTRY?** MARRIED NEVER MARRIED 9. COUNTY OF DEATH U.B. DIVORCED [Anne Arundel WIDOWED [Maryland 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USJAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR anne Arundel Gen, Hospittal Carpenter INDUSTRY Annapolis Construction 130 USUAL RESIDENCE (Where deceased lived if institution. Residence before: 13c CITY OR TOWN 13d INSIDE CITY UM TS? 13e STREET AND NUMBER Anne Annapolis 706 Bay Ridge Ave.. Arundel duy 14. FATHER'S NAME Last IS. MOTHER'S MAIDEN NAME First Middle John Philip Beall Lillie Virginia Beall physician a ien please i gup 16b. SOCIAL SECURITY NO 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Address 706 Yes no or unknown) 214-05-1485 Mrs. Katherine Beall Ave Anna., APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per one for (a), (b), and (c) BETWEEN ONSET AND DEAT PART I DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (g) permit. DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove) burial-transit rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) the or tal has been 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? far use Health YES [NO T O FUNERAL DIRECTOR: After this certificate 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) OR CONTRIBLTING CAUSE OF DEATH HOUR A.M. Manth Doy Year (If either, notify medical examiner) (AT HOME FARM STREET, FACTORY) 21f LOCATION Street of R.F.D. No 2 d thusky occurred 21e. PLACE OF INJURY City or Town County State White Not while at work 22a I certify that (1) (this haspital) attended the deceased from saw the deceased alive an 1900, and that confes stated abave (1) (well did and view the bady after death. sed from _______, 19.52, ta _____, 19.68, that (D)(we) last _____, and that in (m) (aur) apinian death accurred an the date and haur and fram the Page 4 may be retained 22c DATE SIGNED STAFF DEGREE DIRECTOR PHYS 22e ADDRESS director, po shauld be f Edward S. Beck. M. H. 73 Franklin St., Annapolisk Md. 23d LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY 23a BURIAL CREMATION. (County) (State) Burla (Specify) Annapolis, 24 FUNERAL DIRECTOR 250 REC D BY REGISTRAR St Anna Md DATE DEC 19 Ocharles 1968 Beall Funeral Home 1212 West

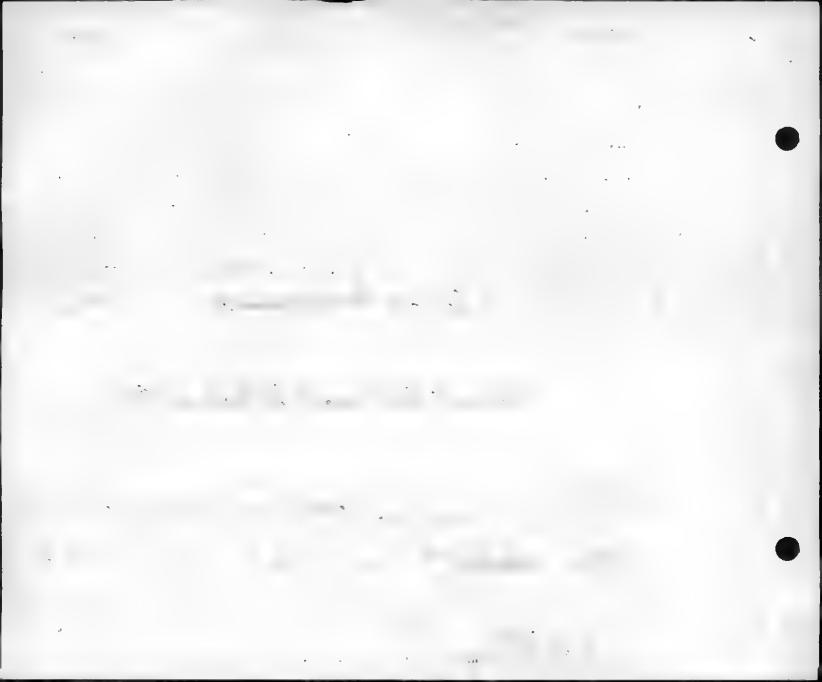


	1	a 2-3 (4-2)		IND STATE DEPARTMENT OF		
		16788		S, 301 W. PRESTON STREET, BA	LTIMORE, MARYLAND 21201	16801
	I	temll Film 1.08	1/15/69 kk	CERTIFICATE OF DEATH	1	20007
=/		ECEASED NAME FIRST	M.ddle	Lost	20 DATE OF DEATH	25 HOUR
	()	Type or print)	er T Henry	Bennings	Carry or Doy	28 Year 68 85 M
	3 51		4. RACE	S DATE OF BIRTH	6 AGE (In years	F JINDER 1 YEAR IF UNDER 24 HRS.
		Male	White	Feb. 15, 1	fort hirthdoxi I	MONTHS DAYS HOURS MA
	7o	BIRTHPLACE (State or foreign	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED XXNEVER MARRIED	9. COUNTY OF DEATH	
	וטסט	Maryland	U.S.	WIDOWED DIVORCED	Anne Arundel	h.M
	10. (JTY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR		ISUAL OCCUPAT ON (Kind of work done	12b. KIND OF BUSINESS OR
2	1	Annapolis	give street oddress) Anie Arund	el General duning	most of working life, even if retired.)	INDUSTRY
	13o	USUAL RESIDENCE (Where deceose	sed irved, if institution. Residence before	re 13c CTY OR TOWN 13d INSIDE CO	The second secon	
	odm	ssion) STATE Maryland	Anne Arundel	AND	NO TK	
	14.	FATHER S NAME First	Middle . Lost		E First Middle	. / Lost
		C.F.F.L	L'ANIN'S	FREDERIC	CKA	Witt
		WAS DECEASED EVER IN U.S. ARM (es, no/grunknown) 11 yes givg.y	MED FORCES? 16b SOCIAL SECURI	TY NO 17. INFORMANT	Address	0 3.0
		es, nover of showing	- 197 (大は・/と・5	19. KODERT W.	BENNING WEST	Kiven, Med
		18. CAUSE OF DEATH (Enter onl	ly one couse per lineyfor (o), (b), and	(0)/////	1/ //	APPROXIMATE INTERVAL BETWEEN ONSET AND OEATH
		PART I DEATH WAS CAUSED IMMEDIA	ATE CAUSE (0) CONGESTIVE	heart tailare &c	Circulatory collapse	3 days
		251	DUE TO, OR AS A CONSEQUENCE	OF 1 1.0		, ,
		Candit ons, if ony, which gave a rise to immediate couse (a),((b) adreu	al-correal tall	ure	io days
		stating the underlying cause	DUE TO, OR AS A CONSEQUENCE	OF		
		lost.	(c)			
		PART 2 OTHER SIGNIFICANT CON	NDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE O	OR CONDITION GIVEN IN PART 1(a)	
	**	4.5	Jevell	rheumatoiel arth		
Y	CATION	190. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS		20b. IF YES, WERE FINDINGS CO CAUSES OF DEATH?	ONSIDERED IN CERTIFYING
1	CERTIF	A CORE Y MAS AND COLUMN		YES NO		
		21a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEATH			inter nature of injury in Port 1 or Port 2,	Item 18.)
	MEDICAL	(If either, notify medical examin	ner) P.M.	19		
	2	21d INJURY OCCURRED 21e. While Not while	PLACE OF INJURY (AT HOME FARM, STREET OFFICE BUILDING, ETC	FACTORY) 21f LOCATION Street or R.F.D.	No City or Town	County State
		at work — at work —			60 to Dec 28 19	64
		saw the deceased of	is naspital) attended the decer	1964 and that in (my) (aur)	p 60 , ta 6200 48 , 19 apinian death accurred on the da	to and hour and from the
		causes stated above	e, (I) (we) (did) (did not) view th	ne bady after death.	aphillan deann accorred on me ad	ne and noor and nom me
		22b SIGNATURE	1911	ATTENDING		DATE SIGNED
		Milla	id Thrills	DEGREE PHYS.	DIRECTOR PHYS	12/29/68
		22d PHYSICIAN S NAME (Type)	1-d FS 1	22e. ADDRESS	did Cil	Mariland
		HAMILT (14he) 1/1/16	ala F. Xmitt	(INI)	snawy sige, I	mary rang
	230	BURIAL, CREMATION, 23b. E REMOVAL (Specify) / 3	DATE 1/10 23C NAME I	OF CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (Stote)
^	12	UKIRI 10	12/160 11/17	LION	Lothian	1) Irla
	24.	FUNERA, DIRECTOR	ADDRE	Le, Med DATE AT	D BY REGISTRAR 25b REG STRAR S	SIGNATURE DATE OF THE STREET
4 4		MARILINES	DDN - 170011	DATE TO	1000 /	LINY YACABE



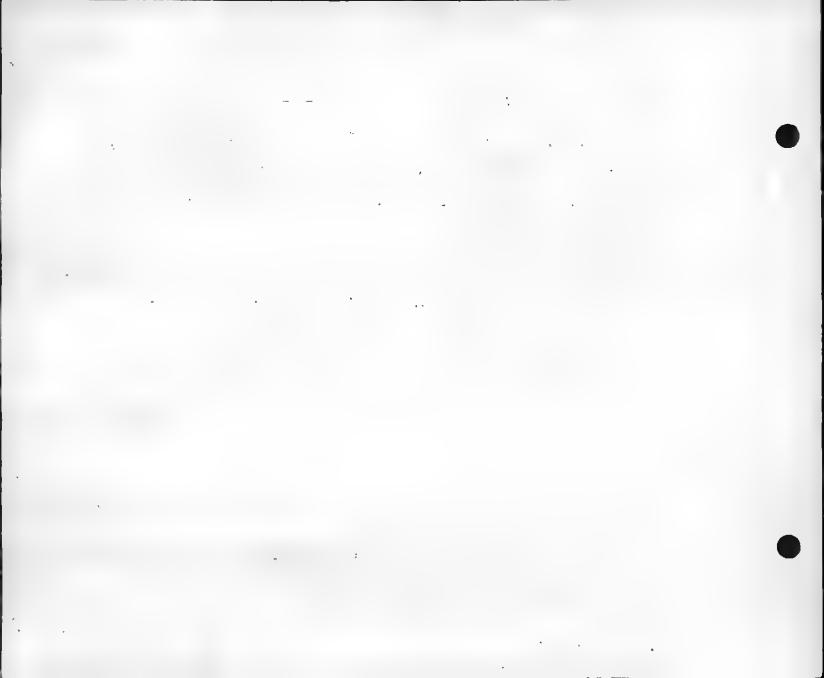
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16802 CERTIFICATE OF DEATH Middle 20. DATE OF DEATH DECEASED NAME Blanev requires that the death certificate be executed within 24 haurs after death Gordon 3:48p (Type or print) Month 31 Day 58 12 3. SEX 4 RACE S. DATE OF BIRTH AGE (In years) IF UNDER I YEAR IF JNDER 24 HRS lost birthdoy) 2-17-04 White Male 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED [] NEVER MARRIED country) Anne Arundel carban papers USA WIDOWED [DIVORCED [Md. 120. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b KIND OF BUSINESS OR during most of working life, even if retired) give street address) Glen Burnie retired truck driver Gren Durnie | North Arundel

130 USUAL RESIDENCE (Where deceased lived, if institution Residence before | 13c CITY OR TOWN 138 INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 13b. COUNTY Glen Burnie NO [Point Pleasant koad Anne Arundell IS. MOTHER'S MAIDEN NAME First 14 FATHER'S NAME Wilbur Blaney Ella Keneel 16a WAS DECEASED EVER IN U.S. ARMED FORCES?
Yes, no, or unknown) (If yes give war or dates of service) 16b. SOCIAL SECURITY NO. Address 17 INFORMANT 212-03-4931 Blanev (wife) Same as Mrs. Mae n signed by the attending bles burnet-transit permit. That a burial, cremation, or remove 1B. CAUSE OF DEATH (Enter only one cause per line for 10), (b), and (c)) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse be retained by the haspital ar attending physician. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been etached far use as the Dept. af Health priarta 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a DATE OF OPERATION CAUSES OF DEATH? YES [NO [210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 1B.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY) 21f LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City or Town County State While Not while at work 220. I certify that (I) (this hospital) attended the deceosed from 12-2, 196, to 2, 196, that (I) (we) lost saw the deceased give an 12-2, and thot in (my) (aur) apinion death occurred on the date and hour and from the saw the deceased alive an couses stated above, (1) (we) (did) (did not) view the body after deoth. 22b SIGNATURE 22c. DATE SIGNED ATTENDING MED 12-31-68 DEGREE DIRECTOR 22e, ADDRESS 22d. PHYSICIAN'S NAME (Type director, should b 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230. BURIAL, CREMATION, 23b. DATE (County) (State) 4.1969 Cedar Hill Cemeterv Brooklyn Marvland Jan. **ADDRESS** 2Sa. REC D BY REGISTRAR 25b. REGISTRAR S SIGNATURE 24 FUNERAL DIRECTOR JOM REV Milwelly Glen Burnie, Md. DATE JAN Singleton Funeral Home



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 16803 y filled in by the funeral an papers. Pages 1 and 2 20 DATE OF DEATH 12 Month 25 Day 68 Year DECEASED-NAME M.ddle 24 hours after death Brandenburg (Type or print) Fred 3. SEX 4 RACE 5 DATE OF BIRTH 11-22-09 IF UNDER 1 YEAR 6 AGE (In years IF UNDER 24 HRS Male Caucasian lost birthday) HOURS 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B. MARRIED 🖫 NEVER MARRIED 🗀 Baltimore, Md. carban papers. America WIDOWED [DIVORCED [Anne Arundel County 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (if not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. K NO OF BUSINESS OR Glen Burnie duting ஐதைவு மூர்வுவுகிர்க், even if retired) give training the form of the spital INDUSTRY signed by the attending physician and completely burial-transit permit. Then please remave carban Motor Freight 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d INSIDE CITY LIM-757 13e STREET AND NUMBER odmission) Maryland 13b Annie Arundel Glen Burnie YES 🗌 NO 🖳 7 Old Stage Road requires that the death certificate be exect 14. FATHER'S NAME Last IS. MOTHER'S MAIDEN NAME First Last Unknown Unknown 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17. INFORMANT 7 VId Glen Burnie Md Yes, no, or unknown) Mrs Eleanor Brandenbucg 1B. CAUSE OF DEATH (Enter on y one couse per line for (o), (b), and (c).

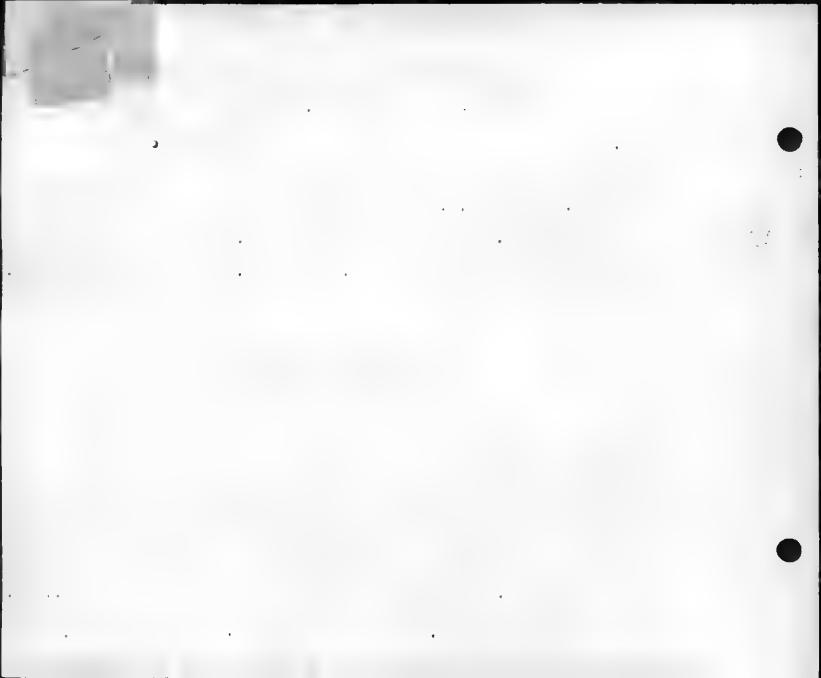
PART I. DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a) BETWEEN ONSET AND DEATH DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove } rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) tar use as the l Health priar to b TO FUNERAL DIRECTOR: After this certificate has been CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗀 NO [2) a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 1B.) TOR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f. LOCATION Street of R.F.D. No. City or Town County State While Not while at work 22a. I certify that (1) (this hospital) attended the deceased from: / 🗸 – / 196 &, and that in (my) (our) opinion death occurred on the date and hour and from the saw the deceased alive on..... couses stated above, (1) (we) (did) (did nat) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION 23b. DATE 23d. LOCATION (City or Town) (County) (State) REMOVAL (Spenity) Germanhill Holy Rosary Cemetery Dec 28. 1968 24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE



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16	Н	AC	17/01/8	DIVISION	OF VITAL RECO		RESTON STREET		RE, MARYLAND	21201	1680	4
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24 haurs after d in by the pers rages, 72 hours after	/o (da	BIRTHPLACE (SIG	ote or toreign	76 CHIZEN O	WHAT COUNTRY?	8. MARRIED WIDOWED	NEVER MARRIED [DIVORCED [UNTY OF DEATH	dei C	ounty.	MA
트를로	10	Annap			11 NAME OF HOSPITAL give street oddress Anne Al	OR INSTITUTION (IF	nat in hospitor 13	2a USWAD OCC	UPATION (Kind of wayking) to ever	work dollie	126 KIND OF B	LSINESS OR
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executoring compose to any even		FATHER'S NAME	Maryla	nq	Anne Ai	rundel An			226 Pi		Avenue	
a and a se rem	9	OliMI	Meske	Midd	Branc	Hora	S. MOTHER'S MAIDEN	NAME First	h/A	Middle	eu	Last
eath certifipate be ace anding physician and a rit. Then please remo or removal, and in any	160	WAS DECEASED les, pa, or unkno	EVER IN S AR	MED FORCES?) 16b. SOCIAL SEC	JRITY NO 17	INFORMANT WOOD	BAL	widen	Address	11110	1116
The law requires that the death certification of tending physician. Has been signed by the attending physe as the buriol-transit permit. Then the prior to buriol, cremation, or remova		18/ CAUSE OF	JEAIM WAS CAUSE	D BY	er line for (a), (b), o	and (c)	luly	,		6-1	APPROXIMA BETWEEN ON	ATE NITRYAL SET AND OFATH
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IAN: The law related or ottending frote has been s for use as the k for use as the k fealth prior to b	CERTIFICATION						YES 🗀	NO EX	CAUSES OF DEATH	?		
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Poge 4 moy be retained by the hospital or ottending physician. O FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detoched for use as the buriof-transhould be filed with the State Dept. of Health prior to buriol, are	MEDICAL CE	OR CONTR BUT	F WAS UNDERLYII ING CAJSE OF DEA fy medicol exami	TH HOUR A	AE OF INJURY A.M. Manth Day	Year 19	OW INJURY OCCURRED	D (Enter nature	e of njury in Part 1	or Port 2,	tem 18)	
DING PHYSIC by the hospi (frer this cert be detoched Stote Dept. of	ME	21d iN_JRY (While No	CCURRED 21e.	PLACE OF INJU	IRY (AT HOME, FARM, ST OFFICE BUILDING, E		OCATION Street or R	F.D. Na.	City or Tawn	, 1	Caunty	State
UDING d by th After the de de de de		at wark at 22a. I certi	ify that (I) (th	ns hospital)	attended the de	ceosed from	7-61	, 19,	ta / 2 -)	-60	, that ((I) (we) lost
R ATTEND retained recron: A recron: A s should b with the S		saw th	re deceased a	live on	lid) (did not) viev	19 an	d that in (my) (o death	ur) opinian (deoth accurred	on the da	te ond hour o	nd from the
OR AT e reto IRECT 3 sh		22b SIGNATUR	un-	1,	rele	DEGI	ATTENDING [MED DIRECTOR	STAFF	220	DATE SIGNED	4
Poge 4 may be retained to FUNERAL DIRECTOR: director, page 3 should be filed with the		22d. PHYSICIA NAME (Ty	N'S pe) A A 1	>	TA	LLEN	22e. ADDRESS	DIRECTOR	MAC	enf	2 51	
HOSP ge 4 FUNEI rector	23a	BURIAL, CREMA	15.ON 23b	DATE	23c. NA/	ME OF CEMETERY OR	CREMATORY	236	JOCATION (City or	Town)	/(County)	(Btate)
555	26	REMOVAL (Span	El 12	217-19	168 01	DRESS	non	1	NIN	SPIN	(0 V)	VC_
VR 4151/69	ZA	alle	am1	Reese	# ali	11100	DATE	DEC 5	1	REGISTRAR S OCL	SIGNATURE	100
	-										THE NAME OF THE OWNER,	



1	It	ems 5&6, See bi	rth cert. MARYLA	ND STATE DEPARTMENT O	F HEALTH	01
	П	16202		CERTIFICATE OF DEAT	H	14505
# - # · · · · · · · · · · · · · · · · ·		ECEASED-NAME First Type or print)	M. ddle	Last	2a. DATE OF DEATH	2b HOUR
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wred within 24 in impletely filled in ve corbon paper event, within 72		Annapolis	II NAME OF HOSPITAL OR I give street oddress) Anne Arun	NSTITUTION (If not in hospital durin	20. DATE OF DEATH Dec Month 20 Day 68 Year 8 1968 6 AGE (in years lost birthday) YRS FUNDER I YEAR IN UNDER 24 HES 9 COUNTY OF DEATH Anne Arundel 0 USUAL OCCUPATION (Kind of work done ing most of privilegalife even if reflect) 12b Kind of Business or Industry none 10c CTY (UM. 152) 13e STREET AND NUMBER Address Address 1 L. Brooks Geen Burn'e Malarman Address Address 1 L. Brooks Geen Burn'e Malarman Address Address Consider on the Month of Priviled Approximate interval	
	i3a adn	USUAL RESIDENCE (Where deceased issian) STATE Md.	lived, if institution: Residence before 13b. COUNTY A.A. CO	B 134 CITY OR LOWN 34 INSIDE (CTY UM-TS? 13e STREET AND NUMBE	R
	14	FATHERS NAME First Darrel	Middle Last			le Lost
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4: The law requires that the death of or attending physician. The has been signed by the offending use as the burial-transit permit. The alth prior to burial, cremation, or remains.		PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if any, which gave use to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEQUENCE O (b) DUE TO, OR AS A CONSEQUENCE O (c) (c)	aturity	failure	APPROXIMATE INTERVAL BETWEEN CHISAMP DEATH \$6 hr. 18 hrs.
	MEDICAL CERTIFICATION	19a DATE OF OPERATION 19b. CC 21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examine)	HOLR A.M. Month Day Yea	YES NO	CALSES OF DEATH?	
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OR ATTENDING PHYSICIAN be retoined by the hospital DIRECTOR: After this certifica je 3 shauld be detached far ■d with the State Dept of ■		causes stated abave,	haspital) attended the decear re an	sed from /2// , 1 19/2, and that/n (my) (aur) bady after degrif	9_61, ta2 <u>/2a</u> apinian death accurred an th	, 19 <u>60</u> , that (I) (we) ig e date and haur and fram th
OR IRE IRE		22b SIGNATURE	S. Harge	THE DESKET PHYS.	MED STAFF DIRECTOR PHYS	. 1 // 57
FRAI ERAI or, P		NAME (Type) Charle	es B. Hargrove	MD Ritchi	ie Highway, Se	vérna Pk., Md
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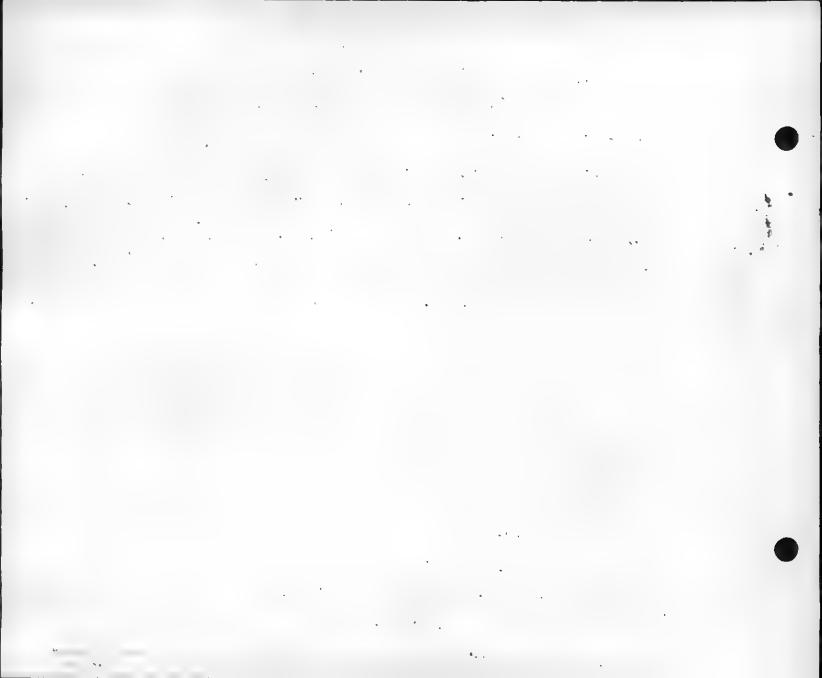
1		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	806
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ay is 3 to Poge int of		(Type or Pant) MARY Brooks DEATH MATED 12-3	
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d within in pencil Exomine File pag n 72 hox	-	18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)	APPROX MATE INTERVA.
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EXAMINER: cut the certs age 4 should your files. Page 3 should, cremation,	W.	21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, foctory, office building, etc.) 21f. LOCATION Street or R.F.D. No. City or Town	County State
CAL Estate tor. Page ed for CTOR: burnol,		22a certify that tagk charge of the remains described above, held an Autopsy Inspection Inquiry	and in my apınıan
bical Richard Record Corrector. Particular for birector. Particular for birector.		death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined monner]
TY Diese		ACTUAL CHIEF MEDICAL EXAMINER C	NIFO.
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TO DEPUTY necessory, the funero S moy be TO FUNERA Health pr		NAME (Type) - Less hare Cod . ADDRESS(Street, cty, town, or county)	ACO.
01 0 0 H	230	BURIAL CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (CO REMOVAL (Specify) 12.8-68 Ht. LION BAPT. Ch. Com. DOWN, 29.	ounty) (State)
VR A15ME (5) 10M REV 1/68	19	FUNERAL DIRECTOR 250 REC'D BY REGISTRAR 256 REGISTRAR S SIGN REFORM & DYRH F. H 1701 LAURENS & DEC 6 1968 Clientes &	VATURE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH I DECEASED NAMELIKA Downld Ed wMdde 2b. HOJR▲ death. Burdette 2a. DATE OF DEATH ecuted within 24 hours after death. pletely filled in by the funeral carban papers. Pages 1 and ent, within 72 hours after death (Type or print) Donald Baird BURDETTE, Sr. December 3. SEX 4 RACE 5 DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR Male White June 17, 4931 1930 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH country) West Virginia U.S. DIVORCED [WIDOWED | Anne Arundel 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (if not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street oddress)
Anne Arundel Gen. Hospital during most of working life, even if retired)
Anne Arundel Gen. INDUSTRY Annapolis Lumber 3a USUAL RESIDENCE (Where deceased lived, if Institut on Residence before 13c CITY OR TOWN 13d NSIDE CITY LIMITS? 13e STREET AND NUMBER 13b COUNTY Anne Arundel please remove Maryland Odenton 14 FATHER'S NAME O HOSPITAL OR ATTENDING FIRESCO. The hospital or attending physician. Page 4 may be retained by the hospital or attending physician. Page 4 may be retained by the hospital cate has been signed by the attending physician of FUNERAL DIRECTOR. After this certificate has been signed by the attending physician after the place of the burial transit permit. Then places remained by the property of the place of the property of the prop IS MOTHER'S MAIDEN NAME First Last Robert Burdette Violet Hoke 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Yes, na, ar unknown) (If yes give war or dates of service) Iris B. Burdette - sace as #13 above 18. CAUSE OF DEATH (Enter any one cause per line far (a), (b), and (c).
PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave) rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse(PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 190. DATE OF OPERATION 20a, AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🖂 NO 🗔 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH
(If either, notify medical examiner) HOUR A.M. 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME FARM STREET FACTORY.) 21f. LOCATION Street of R.F.D. No. City or Tawn County While Nat while at wark 220. I certify that (I) (this haspital) attended the deceased from 12/1, 1963, to 12/1, 1968, that (I) (we) last saw the deceased alive an 12/1, and the deceased of the decea causes stated abave, (1) (well and) (did not) view the bady after death 22b SIGNATURE 22c. DATE SIGNED ATTENDING DEGREE DIRECTOR 22d. PHYSICIAN S 22e. ADDRESS NAME (Type) CHUNFIL 121 Cathedral St., Annapolis, Md. 23a BURIAL, CREMAT ON, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) (County) (State) REMOVAL (Specify) Ft. Lincoln Washington VR A15 145 24 FUNERA DIREGOR, 2. Hopping DADEC 1 3 19 25b. REG STRAR'S SIGNATURE nor. Ind this are now - aniopolis.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 16808 2o. DATE OF DEATH 1, DECEASED-NAME Middle Lost First 2b HOUR death necuted within 24 hours after death. and BURL (Type or print) 3. SEX 4. RACE 6. AGE (In years IF UNDER YEAR IF UNDER 24 HRS. last_birthdoy) OLCRED 7g BIRTHPLACE (State or foreign 9. COUNTY OF DEATH MARRIED MINEYER MARRIED DIVORCED [WIDOWED [11 NAME OF HOSPITAL OR INSTITUTION (if not in hospital USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR most of working life, even if retired) give street address) remaye carban RESIDENCE (Where deceased aved, if institution Residence before 138. INSIDE CITY LIMITS? 13e STREET AND NUMBER ledse requires that the death certificated 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. physical en plec (If yes give war or dates of service) Yes_na_or-Jaknown) burial, crematian, or removal, 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) PART I. DEATH WAS CAUSED BY. METALTATIC IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if ony, which gove? rise ta immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) prior to has been the 110 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 9a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 00 CAUSES OF DEATH? YES [use be detached far use State Dept. af Health 10 FUNENAL UIRICTOR: After this certificate by the haspital or 21a. ACCIDENT WAS UNDERLYING 216, TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. (If either, notify medical examiner) (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. Na. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County Stote While Nat while at work 22a. I certify that (I) (this hospital) ottended the deceased from _______, 1966__, to______, 1966__, that (I) (we) last saw the deceased alive on _______, 1966__, ond that in (my) (our) opinion death occurred on the date and hour and from the _____, 1968 , to_Decente, 1966 , that (I) (we) last be retained causes stoted obove, (1) (we) (did) (did) (net) view the body after death. 22b SIGNATURE 22c. DATE SIGNED ATTENDING PHYS MED. DIRECTOR DEGREE 22d. PHYSICIAN'S 22e. ADDRESS director, par LOCATION (City or Town) NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION 23b DAI REMOVAL (Specify) VR A15 (4). 30M REV. 1/68



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22d. PHYSICIAN'S

NAME (Type)

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23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATIO 23o BUR AL, CREMATION REMOVAL (Specify) 12-24-1968 Glen Haven Mem. Ritchi 250 REC'D BY REGISTRAR 24 FUNERAL DIRECTOR ADDRESS DABEC 26 George J. Gonce. 4001 Fitchie Hgwy. Baltimore

McLaughlin, M.D.

ATTENDING

22e. ADDRESS

PHYS

DEGREE

MED. DIRECTOR

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16811 **CERTIFICATE OF DEATH** 1. DECEASED NAME Middle deoth. 20. DATE OF DEATH 2b. HOUR hin 24 hours after death puo (Type or print) funeral 3 SEX 4. RACE DATE OF BIRTH 6 AGE (In years F JNDER 1 YEAR MONTHS DAYS HOURS 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED MEVER MARRIED COUNTY OF DEATH country) WIDOWED I DIVORCED HE CITY OR TOWN OF DEATH 12o. USUAI 126 KIND, OF PUSINESS OR carban INDUSTR event, with completely 130 USLAC RESIDENCE (Where deceased lived, if instrument admission) STATE Residence before uted 13c, CITY OR TOWN 13d INS DESCRIP JIM TS7 please remove and in ony 14 FATHER'S NAME low requires that the death certificate be ex 15 MOTHER'S MAIDEN NAME FIRST physician and Middle Lost Middle 160 WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT Yes, po, bryenknown) (If yes give wor or dates of service) cremation, or removal, the ottending phys APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per one for (o), (b), and (c)) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Conditions, if any, which gove) burial transit rise to immediate couse (a) signed by DUE TO, OR stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) offending p TO FUNERAL DIRECTOR: After this certificate has been as the prior to 19g. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERT FYING CAUSES OF DEATH? ad for use af Health p USe YES [NO 🗀 Page 4 may be retained by the hospital or 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P M be detached director, page 3 should be detache should be filed with the State Dept. / AT HOME, FARM STREET FACTORY \ 21f. LOCATION Street of R.F.D No 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County Stote While Not while at work , 1956, 10/0 DEC saw the deceased alive an /1 NOU _1868, and that in(m)) (aur) apinian death accurred an the date and have and from the causes stated above (1) (we) (did nat) view the bady after death. 226 STGOAFURE 22c DATE SIGNED ATTENDING MED STAFF PHYS DIRECTOR PHYS 21 27d. PHYSICIAN'S 22e. ADDRESS NAME (Type) BURIAL, CREMATION 23b. DATE NAME OF CEMETERY OR CREMATORY

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 16812 DECEASED-NAME First Middle lost 20. DATE OF DEATH 26 HOURP. (Type or print) December CLARK George 3 SEX 4 RACE 5 DATE OF BIRTH 6 AGE (In years IF UNDER YEAR last birthday) MONTHS Male Negro Nov. 25, 1912 7a BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED 📉 NEVER MARRIED 🗔 9 COUNTY OF DEATH country) U.S. Marvland WIDOWED [D.VORCED Anne Arundel 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (if not in nospital 120 USUAL OCCUPAT ON (Kind of work done 12b KIND OF BUSINESS OR give street address) INDUSTRY Annapolis carbo Anne Arundel Gen. Hospital 130 JSJAL RESIDENCE (Where deceased lived, if institution. Residence before complet 13c CITY OR TOWN 13e STREET AND NUMBER PHYSICIAN: The law requires that the death certificate be executed 13d INSIDE CITY LAW TS? odmission) STATE 13b. COUNTY please remove YES X 1803 Robert Small Road Maryland Anne Arundel Annapolis ond in any 14 FAZAER'S NAME Middle SMOTHER'S MAIDEN NAME First signed by the attending physicion and burial-tronsit permit. Then please rem Lost Too. WAS DECEASED EVER IN U.S. ARMED FORCES? SOCIAL SECURITY NO (If yes give war or dates of service, or removal. APPROX MATE INTENTA 18 CAUSE OF DEATH (Enter only one couse per per) for (o), PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (o) DUE TO, OR burial-trainit p Conditions, if any, which gove) rise to immediate couse (o), DUE TO, OF **CONSEQUENCE** stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1401 prior to O FUNERAL DIRECTOR: After this certificate has been 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? for use Health p YES 🗔 NO K by the hospitol or 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW IN. JRY OCCURRED (Enter nature of injury in Port 1 or Port 2 Item 18) OR CONTRIBLTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 21d iNJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM STREET FACTORY) 216 LOCATION Street or R.F.D. No. City of Town County Stote While Not while of work L of work 22a. I certify that (1) (this haspital) attended the deceased from _19 and that in (my) (our) opinion death occurred on the date and hour and from the saw the deceased alive an 17 - 7 X be refoined be filed with the causes stated abave, (4) (we) (did) (didnot) view the bady after death 22b. SIGNATURE 22c DATE 5 GNED STAFF DEGREE DIRECTOR PHYS Page 4 may b 22d PHYSICIAN'S 22e ADDRESS NAME (Type director, p 121 Cathedral St., Annapolis. 23b. DATE CEMETERY OR CREMATOR

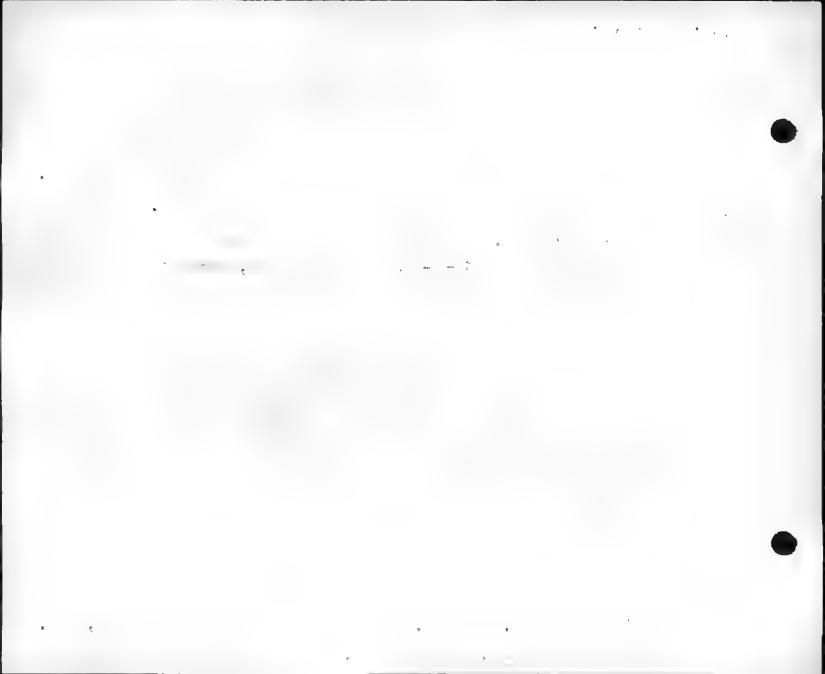


DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16800 16813 CERTIFICATE OF DEATH DECEASED NAME Enst 20 DATE OF DEATH Middle 2b HOUR First death OR ATTENBING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after dmath gud (Type or print) cian and campletely filled in by the funeral lease remave carban papers. Pages I and anglin any event, within 72 haurs affer deat DECEMBER 13.1968 PAUL CLAWSON ш 3 SEX 4 RACE 5 DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 MRS. lost birthday) White August 7,1914 Male 70 BIRTHPLACE (State or fareign 7b CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8 MARRIED ▼ NEVER MARRIED U.S.A. WIDOWED | DIVORCED T Anne Arundel Tennessee 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 125 KIND OF BUSINESS OR most of working life, even if retired) Motor Glen Burnie Hospital 13a USU at RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d MSIDE CITY LIM TS? 13e STREET AND NUMBER odmission) STATEMarvland CHILLS Glen Surnie YES 302 Marvland Ave. N/E Arundel 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME First Middle Collins Milburn Clawson Ε. burial-transit permit. Then please burial, cremation, or removal, and in Marv 160, WAS DECEASED EVER IN U.S. ARMED FORCES?
Yes, (No proknown) (It years proper dates of service) 16b SOCIAL SECURITY NO 17 INFORMANT 410-09-8809 Mrs. Viola M. Clawson (wife) Same as #13 16b. SOCIAL SECURITY NO APPROXIMATE INTERVAL TB. CAUSE OF DEATH (Enter only one couse per line for-(a), (b) and (c).) mbosis BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Ludden DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave) D FUNERAL DIRECTOR: After this certificate has been signed by the director, page 3 shmuld be detached far use as the burial-transit is should be filed with the State Dept. af Health priar to burial, cremati rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. stoting the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗀 NO I O FUNIRAL DIRECTOR: After this certificate 21g. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.) 216. TIME OF INJURY OR CONTRIBUTING EAUSE OF DEATH HOUR A.M. Manth Doy Year (If either, notify medical examiner) (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY State City or Town County While Not while to work at work L 22a. I certify that (I) (this hospital), attended the deceased from 1962, and that in (my) (our) opinion death accurred on the date and hour and from the saw the deceased oliveran. couses stated above (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c DATE SIGNED ATTENDING DIRECTOR PHYS 22d PHYSICIAN'S NAME (Type) 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION 23d LOCATION (City or Town) (Stote) (County) 时的标识。 是一个 18,1968 Happy Valley Memorial Pk. Johnson City, Tennessee 25a. REC D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** VR A15 (4) Singleton Glen Burnie, Md. DATE DEC 18 1968 30M REV, 1/68



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16814 CERTIFICATE OF DEATH DECEASED-NAME Lost 20 DATE OF DEATH 26 HOURP death. within 24 hours after death l and (Type or pnnt) Blanche Elizabeth CONNOR December 1:50 M 3 SEX 4 RACE 5 DATE DE BIRTH 6. AGE (In years IF LINDER 1 YEAR lost birthooy) HOURS Female Negro 1-26-1896 7a BIRTHPLACE (State ar fareign 76. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8 MARRIED [] NEVER MARRIED [country) Maryland tion and tompletely filled in edse remaye carbon papers. U.S. WIDOWED TO Anne Arundel BIVORCED [7] 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done ave street oddress)
Anne Arundel Gen. Hospital during most of work ng ife, even if retired)
Laundress Annapolis | Gen. Hospital Control of the Annapolis | A 36-36-36-36-36-36 3d NSIDE CITY LIMITS? 13e. STREET AND NUMBER odm ssion) STATE
Maryland 135 COUNTY Anne Arundel 37 Solomons Island Road YEX X NO T Annapolis 14. FATHER S NAME IS MOTHER'S MAIDEN NAME FIRST Last Lost NMN NMN Quenn I INFORMANT Weedhouse gud 160 WAS DECEASED EVER IN US ARMED FORCES? 16b. SUCIAL SECURITY NO Address Baltimore, Md requires that the death certifical the attending physit (If yes give wer or dates of service) Yes, no. or unknown) or removal, 217-01-6539 Mrs Mabel E. Tate 3904 Bateman Ave APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter any one cause per line for (o), (b), and (c))
PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO OR AS A CONSEQUENCE OF Canditions, if any, which gave) JULKES rise ta immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) far use as the b f Health priar ta b mellita Page 4 may be retained by the haspital ar attending 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING TO FUNERAL HIMICTOR: After this certificate has directar, page 3 shauld be detached far use as shauld be filed with the State Dept. of Health pri CAUSES OF DEATH? YES [21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
(If either, notify medical examiner) HOUR AM Month Doy Year 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET FACTORY,) 21f LOCATION Street or R.F.D. No. City or Town While Not while of work 220. I certify that (I) (this hospital) attended the deceased from 1964, and that in (my) (our) apinion death occurred an the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death. 22b SIGNATURE 22c DATE SIGNED ATTENDING DEGREE PHYS DIRECTOR PHYS 22d PHYS CIAN S 22e ADDRESS NAME (Type) Robert O. Biern, M.D. 121 Cathedral St., Annapolis, Md. 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION, 23b DATE 23d LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 12-30-1968 Brewer Hill Annapelis 24 FUNERAL DIRECTOR 250 RECD BY REGISTRAR 25b REGISTRAR S SIGNATURE .E. Hicks, lll Annapelis, Md DATEJAN

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16802 16815 CERTIFICATE OF DEATH DECEASED-NAME Middle 2o. DATE OF DEATH 2b HOUR death executed within 24 hours after death (Type or print) completely filled in-by the funeral ove corbon papers. Pages 1 and Dov 3. SEX S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthday) HOURS ceul 1 7o. BIRTHPLACE (State of fore an 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH NEVER MARRIED [WIDOWED' DIVORCED [11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR aive street oddress during most of working life, even if retired.) INDUSTRY Farmer 30 LSUAL RESIDENCE (Where deceased fixed, if Institution; Residence before 13e STREET AND NUMBER 13d NSIDE CITY LIMITS? odmission) STATE 13b. COUNTY 14 FATHER'S NAME Middle Lost IS MOTHER'S MAIDEN NAME First requires that the death certificate be Cook Emm Linstead 160 WAS DECEASED EVER 36b. SOCIAL SECURITY NO. 17 INFORMANT Address (If yes give wor or dates of service) Yes, no. or unknown) signed by the ottending phys buriol-transit permit. Then p 218-14-9844A buriot, cremation, or removol APPROXIMATE INTERVA 18 CAUSE OF DEATH (Enter only one couse per , ne for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o Conditions, if any, which gove) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) as the TO FUNERAL DIRECTOR: After this certificate has been ATTENDING PHYSICIAN: The law 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES F by the hospital or 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) detoched for OR CONTRIBUTING TO CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET FACTORY) 21f LOCATION Street or R.F.D. No. City or Town County Stote While Not while at work ot work 22a I certify that (1) (this haspital) attended the deceased fram. saw the deceased alive an. and that in (my) (aur) apinion death accurred on the date and hour and from the TO HOSPITAL OR ATTEND Poge 4 may be retained director, page 3 should should be filed with the causes stated abave (I) (we) (did) (did not view the bady after death. 22b S CNATOR 22c. DATE SIGNED ATTENDING PHYS. DIRECTOR ADDRESS 22d. PHYSICIAN S NAME (Type) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, HMOYAL (Specify) Pasadena 29 Dec. 68 Mt. Carmel Cemeterv Md. 25b. REGISTRAR'S SIGNATUR 24. FUNERAL DIRECTOR VR A15 (4)1 Kirkley Funeral Home. Glen Burnie, Md.



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		_	CI CI	KIIFICA	LIE OF DE	AIH			1681	6		
	ECEASED-NAME	First	Middle		Lost		20. DATE OF DEATH			26 HOUR		
1 ((type or print)	JOSETH	E.		CORNEY	1	DEC. MC	onth 09 Doy	68 Year	3;2		
3 5	X	4. RACE		5	DATE OF BIRTH		6 AGE	(in years hirthdoy)	HE UNDER 1 YEAR	IF UNDER 24 HRS.		
	MALE		WHITE		ANUARY	27, 18	390 lost	hirthdoy) B YRS.	MONTHS DAYS	HOURS ANN.		
	BIRTHPLACE (Stote	or foreign 7b. CITIZEN	OF WHAT COUNTRY?		NEVER MARRIED		COUNTY OF DEATH					
ton	ntry)	A. U		WIDOWED			ANNE ART	TEL		M		
10.	CITY OR TOWN OF		11. NAME OF HOSPITAL OR INSTI	TUTION (If not			OCCUPAT ON (Kind o		126. KIND OF E			
G	EN BUALT	IE. MD.	give street address)	I. H. 75	ITal	suring mas!	of working life, ev	en if retired }	INDUSTRY	il Core		
130.	USUAL RESIDENCE	(Where deceased lived, if	institution. Residence before		OWN 13d H	NSIDE CITY LIMIT		D NUMBER	7-3-000-	14 25 as 5		
odm	ission) STATE	/TD 13b, COI	INTY E ARUNIEL G	II D	JIE YES	NO[624 01	d Stage	Road			
14.	FATHER'S NAME		ddle Lost		MOTHER'S MAIDEN	NAME Firs	t	M ddle		Lost		
1		Earle Corr	ney				Lillian	(UNI	KNOWN)			
160	WAS DECEASED EV	ER IN U.S. ARMED FORCES?	166 SOCIAL SECURITY NO		ORMANT			Address				
'	(es 110) or Aukuo A	S WW I	^{***} 173-01-274	OA Cr	istena (Corne	y (wife)					
-	18. CAUSE OF D	EATH (Enter only one couse	per line for (o), (b), and (d)		4					NATE INTERVAL ISET AND DEATH		
	PART I DEATH WAS CAUSED BY:											
	1MMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF 1											
L	Conditions, if any, which gave)											
	rise to immediate couse (a). Stating the underlying couse (b) DUE TO, OR AS A CONSEQUENCE OF											
	lost. (c)											
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)											
.,	4.4-1											
CERTIFICATION	190. DATE OF OPER	RATION 196. CONDITION F	OR WHICH OPERATION WAS PERF	DRMED	20a AUTOPSY?				ONSIDERED IN CE	RTIFYING		
E					YES	NO 🗀	CAUSES OF DE	ATH?				
	210. ACCIDENT W	AS UNDERLYING 21b	TIME OF INJURY	21c. HOV	Y INJURY OCCURR	ED (Enter n	noture of injury in Pa	rt 1 or Port 2, 1	Item 18)			
MEDICAL		medical examiner) HOUR	P.M. Month Doy Yeor									
MED	2 A JIMIN DY DEC	LIPPED 234 PLACE OF IN	LJURY (AT HOME, FARM, STREET FACTO	RY.) 21f. LOC	ATION Street or	R.F.D. No.	City or Tow	'n	County	Stote		
	While Not w	11116	TOFFICE BUILDING, ETC.	1					,			
Н	22a. I certify	that (1) (this hospita	l) ottended the deceased	from	111-6	19.62	8, to 12	- 7, 19.	60, that	(I) (we) lo		
	saw the	deceased alive on	l) ottended the deceased	_68 and	that i n (my) (our) apini	an death occurr	ed an the da	te and hour o	and from th		
		tated above, (I) (we)	(did) (did nat) view the bo	ody after de	ath.			1 44				
	22b. SIGNATURE	(1)	NOUR.	DEGRE	ATTENDING	MEL	STAFF		DATE SIGNED	10		
	22d. PHYSICIAN'S	(1)	100 com	DEGRE	22e. ADDRESS.	/	ECTOR PHYS		1 - 1	-0x		
	NAME (Type		kan, Mr		325	405	p. Drive	1.13	wine	,1401		
230	BURIAL, CREMATIO	ON. 236. DATE	23c. NAME OF CE	METERY OF C		7	23d, LOCATION (City		(County)	(Stote)		
	TREMOTAL (Specify		68 Meadows	idge	Memoria	1 Pk	Elkridge	. Mar	y land	(3.0,0)		

TO INNIRAL DIFFITOR: After this certificate has been signed by the ottending physician and campletely filled in by take director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pageshould be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours. VR A15 M

executed within 24 hours offer

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the Imath certificate Page 4 may Im retained by the hospital or ottending physician.

24 FUNERAL DIRECTOR PUNCERAL HOME/Glen Burnie, Md.

REC'D BY REGISTRAR DATE DEC 1968

2Sb. REGISTRAR'S SIGNATURE

Minutes Vadas



MARYLAND STATE DEPARTMENT OF HEALTH 16804 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16817 CERTIFICATE OF DEATH Middle Lost 20 DATE OF DEATH DECEASED NAME First 2b HOUR {Type or print} DECEMBER MARY LORETTA CURRAN 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 24 HRS 3. SEX inst birthdoy) WHITE AUGUST 14. FEMALE 1892 9 COUNTY OF DEATH To BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED country) MARYLAND U.S.A. ANNE WIDOWED DIVORCED ARUNDEL 120. USUAL OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 126 KIND OF BUSINESS OR 10 CITY OR TOWN OF DEATH HOME GLEN BURNIE 130. USJAL RESIDENCE (Where deceased lived, if institution. Residence before 13c. CITY OR TOWN 33e. STREET AND NUMBER GLEN BURNIE 14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME FIRST CURRAN BARBARA SMITH **FRANK** 16b. SOCIAL SECURITY NO. 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no. or unknown) MRS. LENA WHITTEMORE (sister) HINKMURIN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE, OF Conditions, if ony, which gove) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE stoting the underlying couse PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190 DATE OF OPERATION CAUSES OF DEATH? YES 🗌 NO [210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) OR CONTRIBLTING CAUSE OF DEATH HOUR A.M Month Doy Year (If either, notify medical examiner) (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No Stote 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County While Not while of work 22a. I certify that (I) (the hospital) attended the deceased from 1967, ta 1967, ta 1967, that (I) (we) last saw the deceased give an 1967, and that in (my) (ow) apinian death accurred an the date and haur and from the

causes stated abave, (1) (we) (did) (did of) view the bady after death. 22b. SIGNATURE

22d. PHYSICIAN S

Tate, M.D.

ATTENDING MED. DIRECTOR PHYS.

STAFF

22c. DATE SHOWED

O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and corfu director, page 3 shauld be detached far use as the burial-transit permit. Then please remove **O HOSPITAL OR ATTENDING PHYSICIAN:** The law re Page 4 may be retained by the haspital ar attending director, page 3 should should be filed with the

death

24 hours

requires that the death certificate be execute

filled ne

death.

and in any event, within 72 had

ar remayal,

far use as the b f Health prior to b

NAME (Type) Wayne 23c NAME OF CEMETERY OR CREMATORY 23b DATE

22e. ADDRESS 108 Central Ave., Glen Burnie,

BROOKLYN.

RFD.

23d LOCATION (City or Town) (County) (Stote)

MARYLAND

230. BURIAL, CREMATION, REMOVAL (Specify) FILLE T. CO. 23,1968 HOLY CROSS CEMETERY SINGLETUNDORBINERAL HOME GLEN BURNIE. MD.

250. REE D BY REGISTRAR
DEC 2 3

25b. REGISTRAR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16805 16818 CERTIFICATE OF DEATH 20 DATE OF DEATH 2b HOUR DECEASED-NAME Lost within 24 hours after death. ar death by the funeral Reges I and (Type or print) Month 2 > Day 6. AGE (In years IF UNDER I YEAR E UNDER 24 HRS 3 SEX 4. RACE S. DATE OF BIRTH iast buthany) 70. BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED T NEVER-MARRIED (auntry) physician and campletely filled in WIDOWED K DIVORCED [120 USUAL OCCUPAT ON (Kind of work done 10. CITY OR/TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 126, KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY carban event, 13a. USUAL RESIDENCE (Where deceased lived, if institution- Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER кесртеа odmission) STATE 13b. COUNTY HANOWER 0x121 LINDA remaye 15. MOTHER'S MAIDEN NAME First M ddle 14 FATHER'S NAME Middle Lost requires that the death certificate be\e crematian, or remayal, and in please 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b, SOCIAL SECURITY NO. 17 INFORMANT Address Yes, no, or unknown) (If yes give war or dates of service) LINDA en . APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 1B. CAUSE OF DEATH (Enter only one cause per line for (af. (b), and (x).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A-CONSEQUENCE/OI signed by the burial-transit p burial, cremation Conditions, if any, which gove) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF attending physician. stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the prior to b O FUNERAL DIRECTOR: After this certificate has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? CAUSES OF DEATH? YES I NO [use be detached far use State Dept. of Health by the haspital or 21o. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 2]c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTR BUTING CAUSE OF DEATH HOUR A.M. Manth Day Year P.M. (If either, notify medical examiner) 21e PLACE OF INJURY AT HOME FARM, STREET, FACTORY | 21f. LOCATION Street or R.F.D. No. State 21d. INJURY OCCURRED City or Town County OFFICE BUILDING FTC While Nat while at work at work 22a. I certify that (I) (this haspital) attended the deceased from 8 19 6 and that in (my) (gur) apinian death accurred an the date and haur and from the saw the deceased alive an-Page 4 may be retained director, page 3 shauld shauld be filed with the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING DEGREE PHYS DIRECTOR 22e ADDRESS 22d. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION 23d LOCATION (City or Town) (County) 23b. DATE -REMOVAL (Specify) DRUID RIDGE CO LTO 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR VR A15 (4 30M REV, 1/



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16206 16819 CERTIFICATE OF DEATH DECEASED-NAME Middle 2b. HOUR A Last 2a. DATE OF DEATH deoth. The law requires that the death certificate be executed within 24 haurs after deoth Sherol (Type or print) Month DAVIS Ernest none December 3 SEX 4 RACE S. DATE OF BIRTH 6 AGE (In years IF JNDER 1 YEAR OF UNDER 24 HRS last birthagy) MONTHS HOURS April 20, 1915 Male Negro completely filled in by 7a BIRTHPLACE (State or fareign 7b. GTIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED XX NEVER MARRIED country) Maryland U.S. D#VORCED [WIDOWED [Anne Arundel 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (if not in hospital 12a USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR Anne Arundel Gen. Hospital during most of working life, even fretired) ove corbon INDUSTRY Annapolis 13a USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c. CITY OR TOWN 13d INSIDE CITY JM TS? 3e STREET AND NUMBER admission) STATE
Maryland 13b. COUNTY Anne A YES-NO! 1995 West St., Annapolis 14. FATHER S NAME Middle Last 15. MOTHER'S MAIDEN NAME First Middle Last cion ond Frederick NMN Davis.Sr Brown Ora NMN 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Address Yes, no, ar unknown) (If yes give wor or dates of service) or removal 1995 West 18. CAUSE OF DEATH (Enter only one cause por PART I DEATH WAS CAUSED BY (de for (a) (b), and (c), BETWEEN ONSET AND DEAT IMMEDIATE CAUSE (a) cremat Cand trans if any, which cave ! fronsit rise ta immediate cause (a) DUE TO, OR/AS A GONSEQUENCE stating the underlying cause OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) FUNERAL DIRECTOR: After this certificate hos been as the 19a. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES X X NO [with the State Dept. of Health 21a ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) detoched for OR CONTRIBLTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME FARM, STREET FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town State County While Not while at work 22e: Lecrify that (I) (this hospital) attended the deceased from 1900, 19, ta William, 19, that (I) (we) last salve the deceased alive an 1908, and that in (my) (our) opinion death accurred an the date and haur and from the couses stated abave, (1) (we) (did) (did set) view the bady after death, 22b SMGNATURS STAFF director, page 3 should be filed v DEGREE DIRECTOR PHYS. PHYS 22d PHYSIC AN S 22e ADDRESS Peter F. Verkouw, M.D. 1407 Forest Drive, Annapolis 23c NAME OF CEMETERY OR CREMATORY 23a BUR AL, CREMATION 23b DATE 23d LOCATION (City or Town) (County) (State) Burial (Specify) 12-29-1968 Davidsenville 24. FUNERAL DIRECTOR 124 VR A15 1/ 1969 E. Hicks. 111, Annapolis, Md





16808

ate be executed within 24 haurs after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physical and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of ■ealth prior to burial, crematian, ar removal, and in any event, within 72 hours after death.

VR A15

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certifi Page 4 may be retained by the haspital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

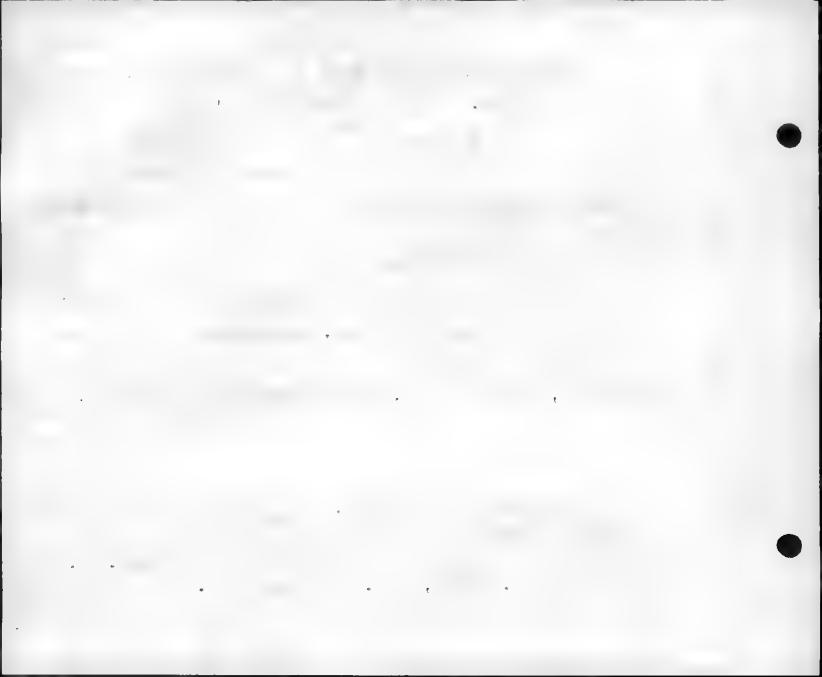
16821

		EKTIFICATE OF DEATH								
1 DECEASED-NAME First (Type or print) Trene	Mrddle	Lost	20. DATE OF DEATH	2b. HOUR						
220170	В.	Deal	12 Month 27 Do	Y68 100 12:30A						
Female	White	s. DATE OF BIRTH 8-31-74	6. AGE (n years lost birthdoy) YRS.	F JNDER 1 YEAR IF UNDER 24 HR. MONTHS DAYS HOURS MIN						
o BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	8 MARRIED NEVER MARRIED WIDOWED DIVORCED	9. COUNTY OF DEATH A.A.Co.							
Glen Burnie		TITUTION (If not in hospital 12a USU idel Hospital 17a usu dering m	AL OCCUPATION (Kind of work done nost of working life even if retired)							
30 USUAL RESIDENCE (Where deceose Mary 14nd	Id lived, if institution. Residence before	Pasadena YES X N	144 -111411 1114 11414	ield Rd.						
14 FATHER'S NAME First	Middle Lost	15. MOTHER'S MAIDEN NAME	First Middle	Lost						
George	W. Deal		Mary V.	Haywood.						
160 WAS DECEASED EVER IN U.S. ARM Yes, no, or unknown)	of or doles of capacal		Address							
no ////	7/7/ 212 54 9	739 Mrs, Mary V.	<u>Miller (niece)</u>	Same As #1:						
PART 1. DEATH WAS CAUSED IMMEDIA Conditions, if ony, which gove use to immediate cause (a), stoting the underlying cause last.	rise to immediate cause (a), storting the underlying cause last. (b) DUE TO, OR AS A CONSEQUENCE OF (c)									
14 0	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)									
190. DATE OF OPERATION 195. C	ONDITION FOR WHICH OPERATION WAS PER	RFORMED 200. AUTOPSY? YES NO	206. IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CERTIFYING						
OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Month Doy Yeor er) P.M. 19		er nature of injury in Port 1 or Port 2,	Item 18.)						
While Not while of work	PLACE OF INJURY (AT HOME FARM, STREET, FACT OFFICE BUILDING, ETC.			County Stote						
saw the deceased at causes stoted obove	220. I certify that (1) (this hospital) attended the deceased from									
22b. SIGNATURE	. Dorkan	DEGREE PHYS.	MED STAFF 22c.	DATE SIGNED /2-7/68						
	p S. Dorkan M.D			I Burne, M.						
	.30.1968 Baltim	TEMETERY OR CREMATORY	23d. LOCATION (Gity or Town) Baltimpre Mai	(County) (Stote)						
24 FUNERAL DIRECTOR	Single (1994)	Funeral Homeso. RECD I	BY REG STRAR 2Sb. REGISTRAR:	S SIGNATURE _						
Deluit Milling	erau Antur	e, Maryland DATE DE	C 3 1 1968 ACC	corles Judge						





HARDESTY FUNERAL HOME, ANNAPOLIS, Md



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

16914

CEDTIFICATE OF DEATH

16824

		15 CO (17 St 34)		CER	HIFICAL	IL OF DEATH				
		CEASED-NAME First SADI	i'E	Middle BEATRIC	E L	Lost 7,455	20. DATE 0		oy 68 Year	25 HOUR 650PM
	3. SE	/emale	4. RACE NEGL	20	S.	7-2-4	1/8	6 AGE (In years lost birthday) YRS	IF UNDER I YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
	7a 8 (our		b. CITIZEN OF WHA	1	MARRIED	NEVER MARRIED	9. COUNTY O	F DEATH ne Arundel	1	Md
	H	TY OR TOWN OF DEATH MAPOLIS P.O.	gryb str		,			N (Kind of work done g life, even if retired)		BUSINESS OR
	13a odmi	USUAL RESIDENCE (Where deceases	Lived, if Institution	~ 1-1	city or too	C. I VEC [NO []	TREET AND NUMBER		
f	14 F	ATHER'S NAME First	Middle	lóst	IS. MI	OTHER'S MAIDEN NAME	1	Middle		Lost
		WAS DECEASED/EVER IN U.S. ARME es, no, or unknown) (If yes give wor	D FORCES? or citaties of service)	66. SOCIAL SECURITY NO.	17. INFO	RMANT	- B'o	Address Mile		e, md.
		18 CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED IMMEDIATE Conditions, if ony, which gove rise to immediate cause (o), stoting the underlying couse	E CAUSE (o) DUE TO, OR AS	A CONSEQUENCE OF A CONSEQUENCE OF	n de	1000	ulcer	. 4	BETWEEN 2 a	Control
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) She was a complete in valid for almost 50 years 190. DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? YES NO CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING 1216 TIME OF INJURY 1216 HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)									
ż										
	WEDICAL CE	210 ACCIDENT WAS UNDERLYING CAUSE OF DEATH (If either, notify medical examine	r) HOUR A.M.	Month Doy Year 19		INJURY OCCURRED (Er		ury in Port 1 or Port 2	?, Item 18.)	
	_	While Not while of work	16	AT HOME, FARM, STREET, FACTORY, DEFICE BUILDING, ETC.		ION Street or R.F.D.		y or Town	County	Stote
		22a. I certify that (I) (this saw the deceased alr causes stated abave,	ve an /2	<u>- 3 196</u>	and th	rat in (my) <u>(aur) a</u>	ppinian death	accurred on the	9 <u>66</u> , that late and haur	t (I) (we) last and from the
		22b SIGNATURE.	rkou	a me) DEGREE	ATTENDING PHYS 22e. ADDRESS	MED DIRECTOR	STAFF 22 PHYS. \(\square\)	c. DATE SIGNED $2-17-$	68
1		NAME (Type) PETER				Kjo7 tok	2657 D	Pive Anno	poles he	121403
		REMOVAL (Specify) 23b. DA	- / 4	Mount	O LL	net	10	ON (City of Town)	(County)	(State)
1	24	FUNERAL DIRECTOR	339-A	Lun ADDRESS	N 8	250. RECT	By registrar C 2 3 19	25b. REGISTRAF	r's signature	cer.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pageshould be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed Page 4 may be retained by the Cospital or ottenling hysician.

ond 2 death.

carbon papers. within 72

hours after

wherol

death.

within 24 hour

VR A15 (4) 30M REV 1/68



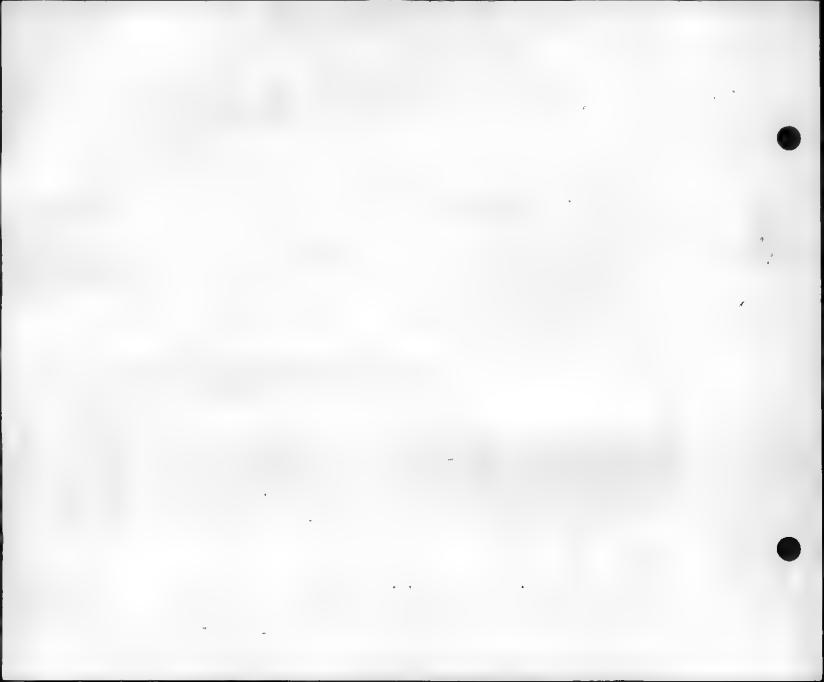
CVI executed within 24 hours after death. to FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers Pages 1 and 2 shauld be filled with the State Dept. at Health prior to burial, cremation, or removal, and in any event, within 72 haurs after death TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate Page 4 may be retained by the haspital ar attending physician.

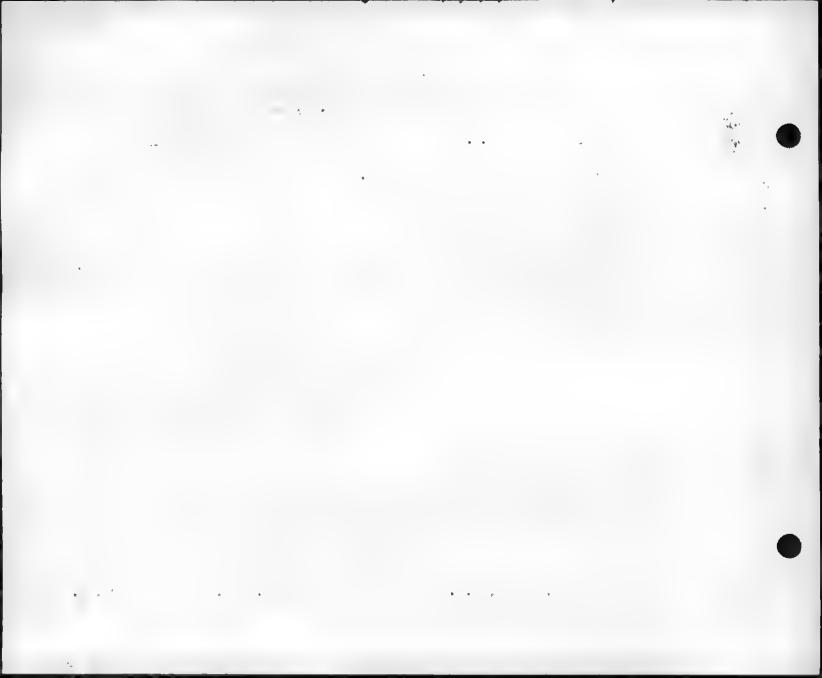
VR A15 (4), 30M REV. 1/68

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TOGAL		CI	KIILI	CAIE OF DEAL	п		100%	12		
	ırst	Middle		Last	2a	DATE OF DEATH		HOUR		
(Type or print)	amie	Lee		Donaldson		Dec. 12	1968	M		
3 SEX	4 RACE			S DATE OF BIRTH		6 AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER MONTHS OAYS HOURS	24 HRS.		
Female		White		6 Nov.	1872	96 YRS.	MUNITAS ONES HOURS	Mules		
7a. BIRTHPLACE (State or foreign country)	76. CIT ZEN OF WHAT	COUNTRY?	. MARRIEC	NEVER MARRIED	9. COU	INTY OF DEATH				
Maryland	USA		WIDOWED	DIVORCED [A	nne Arundel		Md.		
10 CITY OR TOWN OF DEATH Glen Burnie	11. NAM give stri	E OF HOSPITAL OR INSTI eet oddress) 903 France	TUTION (If			UPAT ON (Kind of work dane warking life, even if retired) OUSEWITE	12b KIND OF BUSINESS INDUSTRY Own Home	OR		
13a JSUAL RESIDENCE (Where de			3c CITY O			13e STREET AND NUMBER	OWN HOME			
admission) STATE Md	13b COUNTY	AA	Glen	Burnie YES	NO 🔀	903 Frances	Aven			
14. FATHER S NAME First	Middle	Last		15. MOTHER'S MAIDEN NAM	ME Eirst	Middle	Łast			
George	e L.	Warfie	34		Ann	J.	Cole	A 4		
160. WAS DECEASED EVER IN U.S.	ARMED FORCES? 1	6b. SOCIAL SECURITY NO		INFORMANT		Address				
Yes, no, ar unknown) (If yes	give war or dates of service)			George M. 1	Donale	dson, Glen Bur	nie, Md.			
18. CAUSE OF DEATH (Enter PART I. DEATH WAS CA IMAN Conditions, if any, which go rise to immediate cause (stating the underlying coulast.	USED BY. EDIATE CAUSE (o) DUE TO, OR AS (b) (b)	A CONSEQUENCE OF	en Ur	man Tuy oca	TAT	ocleto 810	BETWEEN ONSET AND D	DEATH		
PART 2 OTHER SIGNIFICANT	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDIT ON GIVEN IN PART 1(a)									
19a. DATE OF OPERATION	96. CONDITION FOR WHICH	OPERATION WAS PERF	ORMED	20g AUTOPSY?	· 🗆	20b IF YES, WERE FINDINGS C CAUSES OF DEATH?	ONSIDERED IN CERTIFYING	G		
21 a ACCIDENT WAS UNDER OR CONTRIBUTING CAJSE OF (If either, notify medical ex	DEATH HOUR A.M.	NJURY Month Day Year 19	21 c.	HOW INJURY OCCURRED (Enter nature	e af în∮ury ın Part ⊺ ar Part 2,	ltem 18)			
While Nat while				LOCATION Street of R.F.D		City or Town		State		
220. I certify that (I)	(this haspital) attend alive an dad (dd) (dd)	id not) view the be	from ody ofter	r deoth.			thot (I) (worte ond hour ond from	re) lost om the		
22d. PHYSICIAN'S	DEGREE ATTENDING MED. STAFF 220 DIRECTOR PHYS. PH									
	deric V. Be	itler, M.	D. 1		ranci	s Ave., Baltin	more, Md.			
DEMOVAL (Speciful)	3b DATE 18 Dec. 68	23c. NAME OF CE			Ĭ	LOCATION (City or Town) Friendship Air	(County) (State			
24 FUNERAL DIRECTOR		ADDRESS	_	25a REG	C'D BY REGI	STRAR 2Sb RÉGISJRAR S	SIGNATURE			
Kirkley Fune	ral Home, G	len Burnie	, Md	. DATOE	C 18	1968 Action	la Judge			







DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

16828

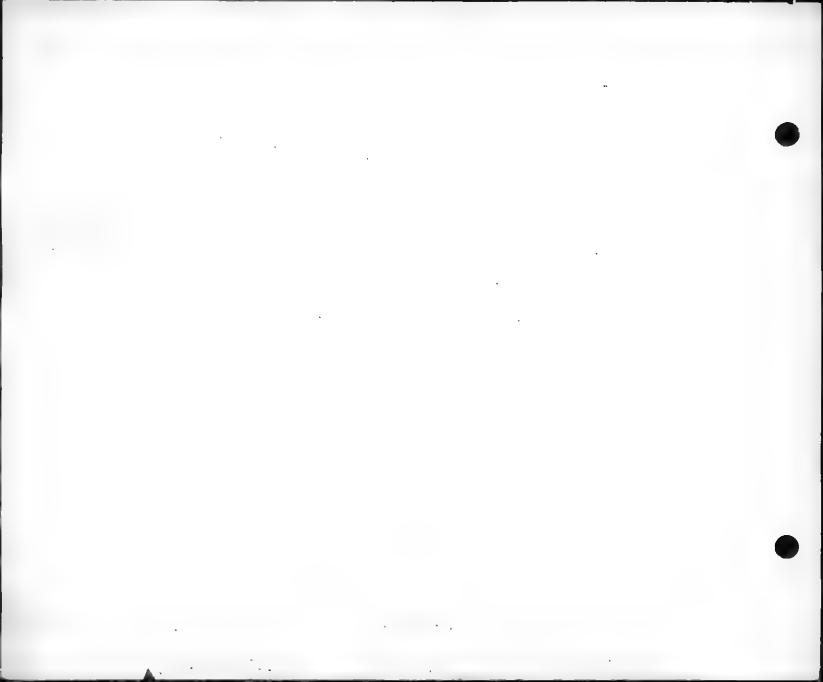
		Lario			ERTIF	CATE OF DEATH	1			100) ~ G	
-1		CEASED NAME First		Middle		Last	2a.	DATE OF DEATH			2b HOUR	
	(1)	ype or print)	ia.			Edwards	1	Dec	26 a	1968	8:00p	
\	3. SE.	Х	4. RACE			S. DATE OF BIRTH		6. AGE (In year last birthcoy)	15 IF	UNDER I YEAR	IF UNDER 24 HRS HOURS MIN	
		Female	T.	Chite		13 Aug. 1	1882	lost birthooy)	YRS. MD	NTHS DATS	HOURS MIN	
- 2	70 B	IRTHPLACE (State or foreign 7)	b. CITIZEN OF WHA		8 MARRIEI	NEVER MARRIED		UNTY OF DEATH				
	caun	Johnstown, Fa-	USA	L.	WIDOWEL			Anne Arunde	1		Md	
		ITY OR TOWN OF DEATH		ME OF HOSPITAL OR INS	TITUTION (E			UPATION (Kind of work		12b KIND OF B	BUSINESS OR	
		Glen Burnie.	give St	reet oddress) Vorth Arun	del C	onvalescent		working life, even if reti OUS CWI TO	red)	Own H	Ome	
	130.	USJA, RESIDENCE (Where deceased	livered of engage tra	n Bacidance balana	13c. CITY (OR TOWN 136 INSIDE CI		13e STREET AND NUMB	ER			
7	oamı	ssion) STATE Md.	13b COUNTY A	A	Glen	Burnie YES	NO 💂	1432 Rowe	Driv	0		
	14 F	ATHER'S NAME First	Middle	Lost		15. MOTHER'S MAIDEN NAM	E First	Mid	dle		Lost	
		Mahlon		Glessne	r	I	ydia			Mil	ler	
	160.	WAS DECEASED EVER IN U.S. ARMED		16b SOCIAL SECURITY N		. INFORMANT		Add				
		es, na, or unknown) (If yes give wore	S GUILT LA JULYICO	163-14-16	79	Mrs. Jane E	eck,	same as 13	,		<u>.</u>	
		18 CAUSE OF DEATH (Enter only	ane couse per line	for (a) (b), and (c).)		1 .		'A			LATE INTERVAL ISET AND DEATH	
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) JOHN Chopneumon (Q									neek	
		Conditions, if any, which gave) DUE TO, OR AS A CONSEQUENCE OF General arteriosclerosis 10 yrs										
		conditions, if any, which gave rise to immediate cause (a). (b) CENERAL WITERLOSALPROSIS TO FIS										
	Ш	stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF										
		last. (c)										
	Н	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)										
	NO	1 -										
,	CERTIFICATION	19a. DATE OF OPERATION 19b. CO	NDITION FOR WHIC	CH OPERATION WAS PER	CAUSES OF DEATHS					SIDERED IN CE	RTIFYING	
*	RTIF					YES NO						
		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M.	Month Doy Yeor	21c	HOW INJURY OCCURRED (E	nter natu	re at injury in Part 1 or F	ort 2, Iten	n 1B.)		
	MEDICAL	(If either, natify medical examiner) P.M.	19								
	2	21d. INJURY OCCURRED 21e. Pl While Nat while 2	ACE OF INJURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	TORY.) 21E.	LOCATION Street or R F.D.	No.	City or Town		County	State	
		DI TIGIR				pot	15	70.26		0	40.4	
		22a. I certify that (I) (this hospital) attended the deceased from 1963, and that in (my) (aur) opinion death accurred an the date and haur and from the										
		saw the deceased five on 1968, and that in (my) (aur) opinion death accurred an the date and haur and from the causes stated above, (1) (we) (did) (did not) view the body after death.										
		22b SIGNATURE	- 1: I	-01	M.a.)	urk	CTAFF	22c, DA1	TE SIGNED /	1010	
	DOTA (Qler, M) DEGREE PHYS. DIRECTOR D STAFF D 12/27/1									768		
		22d. PHYSICIAN'S NAME (Type)	ED4	LTAIZ	$=\mathcal{D}$	22e_ADDRESS	1 /	4016	10	Rein	: 11	
		HAME (Type)	2011	1746		199 171	nuh	RATURE W	1641	suy ur	e, Ind.	
	23a.	BURIAL, CREMATION, 23b. DA	TE	23c. NAME OF		-	23d	LOCATION (City or Town	*	(County)	(State)	
			Dec. 68	Meado	wridg	e Memorial		Elkridge ISTRAR 2Sb REGIS	Hess	Co.		
N	24.	FUNERAL DIRECTOR		ADDRESS		1 05	D BY REG	1000 256 REGIS	IRAR S SIC	SNATURE		
0		Kirkley Funer	cal Home	, Glen Bu	nie.	Md. DAE	10 7	1968 200	ionla	7 Jacob	足	

FUNERAL DIMINITIES. After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please technology carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in all event, within 72 hours after death. VR ATS NO.

ro Hospital or attending PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or ottending physician.



1 1	Ιt	tem 20b Film 408 1-17-5 MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE		16916 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 16829
HEALTH DILL.		PLACE OF DEATH o COUNTY MARYLAND 2 USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) o STATE MARYLAND
y deloy is 2, ond 3 to p. p.M3. Page portreent at		b. (ITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Wite RURAL and give nearest town)
E YES	1	d NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS 7 WILLIAM OF HOSP TAL OR INSTITUTION (If not in hospital, give street oddress) Page 15 RESIDENCE ON A FARM? YES NO.
Aillin S		NAME OF First Middle OST 4 DATE Month Doy Year DECEASED (Type or print) HENRY W. EIRING DEATH 12 24 1968
Saffer of Cive with the		SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH 9 AGE IN years FUNDER 1 YEAR IF UNDER 24 HRS WIDOWED DIVORCED 1/-8-1925 OST banday) Wonths Days Hours Min
24 hours in Itema r's Office as Iond 2	10d	USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY
th numeril	13	FATHER'S NAME 14 MOTHER'S MAIDEN NAME 15 MOTHER'S MAIDEN NAME 16 MOTHER'S MAIDEN NAME 17 MOTHER'S MAIDEN NAME
ted will in pecol Exor	IS (Ye	WAS DECEASED EVER IN J. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. ENFORMANT Address es, no, or unknown) (If yes give wor or dates of service) Address Link Day S. EiRing # 2
ate should be executed g the word "pending" in id to the Chief Medicol E o burial-tronsit permit. E crematian, or removal, c		AS CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY. INTERVILLE TWEEN ONET AND DEATH
e should be e the word "per to the Chief? burial-tronsit ematian, or re		MMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove) (b)
2 a c 5		rise to immediate cause (a), Stating the underlying couse (c) (c)
writ writ rwor rwor sed	NOI	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(o) 19 WAS ALTOPSY PERFORMED? YES \(\text{VIII} \) NO XC
Thir fficote I be Id be	CERTIFICATION	200 EXTERNAL AUSE WAS 200 DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port or Port II of item 18) Subject in car in closed garage with motor running.
	MEDICAL	20c. TIME OF N. RY Month Doy, Year 20d INJURY OCCURRED 20e P.ACE OF IN. URY (Home, form, 20f (C ty or town) (County) (State)
LECTAL EXA cose execute irrector. Page oined for yo designoted a		21. I certify that I took, charge of the remains described above, held an Autapsy, Inspect on, Inquiry and in my apin a
pleose est director. retoined L DIRECTO		death resulted from Natural causes , Accident , Suicide , Hamicide , Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED
그 무슨 무슨 본		SIGNATURE EXAMINER'S NAME (Type) F. LIN BARE IT AND ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county) 12-24-68
TO DEPUTY necessory, the funero 5 may be TO FUNERA Health or	23	BURIA, CREMATION, 23b DATE THEREOF 32, NAME OF CEMETERY OR CREMATORY, 23d LOCATION (City or Town) BURIAL CREMATION, 12-28-68 SACRED HEART DUNDALL BUILDINGS JUDION
VR A15ME (5)	2	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16830 CERTIFICATE OF DEATH Last 2a DATE OF DEATH First Middle 2b HOUR Emerich John December 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNGER 1 YEAR IF UNCER 24 HRS. last-byrthaay) MENTHS HOURS March 14, 1892 White 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED NEVER MARRIED U. S. A. DIVORCED | WIDOWED K Anne Arundel 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) 898 Wait during mast of warking life, even if retired.) 21 226 Waterview Drive 13a USUAL RESIDENCE (Where deceased lived, if institution; Residence before 113c, CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER Meryland 13b. COUNTY Anne Arundel Baltimore YES NO X 898 Waterview Brive IS MOTHER'S MAIDEN NAME First Middle Last Last John Emerich Unknown 16b SOCIAL SECURITY NO. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address Yes, na, of unknown) (If yes give wor or dates of service) 217-03-3164 A Mr. Melvin J. Emerich 898 Waterview Dr CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH Cirturo destruc. Y dos ou IMMEDIATE CAUSE (a) ___ DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave) rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause(PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED. 20n. AUTOPSY? 206 IF YES, WERE EINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗔 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 181) HOUR A.M. Manth Day Year

7 xx1 19n DATE OF OPERATION

1. DECEASED NAME

3. SEX

(Type or print)

Male

7a BIRTHPLACE (State or foreign

10. CITY OR TOWN OF DEATH

14. FATHER'S NAME

Maryland

Baltimore

First

and 2 death.

papers.

carbon

physician and completely en please remove carbor and in any event,

signed by the attending ple buriof-tronsit permit. Then burial, cremation, or remay

requires that the death certificate is executed

within 72

21d ACCIDENT WAS UNDERLYING 121b TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner)

21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM STREET FACTORY.) 21f LOCATION Street or R.F.D. No.

City or Town

County State

22a. I certify that (1) (this nospital) attended the deceased from 4, 1961, to 12/3, 1965, that (1) (we) last saw the deceased alive an 1/2 9 1968, and that in (my) (our) opinion death accurred an the date and hour and from the . 19 68, that (I) (we) last

(State)

Co. Md

causes stated abave, (1) (we) (did) (did hat) view the bady after death. 22b. SIGNATURE

While Not while at work

Sidney R. Gehlert

ATTENDING PHYS 22e. ADDRESS

DIRECTOR

22c. DATE SIGNED

23a BURIAL, CREMATION, REMOVAL (Specify)

22d PHYSICIAN S

NAME (Type)

23b DATE 12/6/68 23c NAME OF CEMETERY OR CREMATORY Cedar Hill

4700 Pennington Ave. 23d_LOCATION (City or Town) Ritchie

(Caunty) ighway Am

24 EUNERAL DIRECTOR

ADDRESS

237 Patapsco Ave. 21225

250 CRE P.BY REGISTRA 968 250 AGESTRATES COLUMN TORE

Page 4 may be retained by the transport of FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the director, have with the State Dept. of Health prior to



1	1	MEDICAL SOLUTION OF VITAL RIVERSION OF VITAL RIVERS	ARYLAND STATE DI	PARTMENT OF HEALTH	APYLAND 21201	
FOR STATE		16913 MEDIC	CAL FXAMINER'S	CERTIFICATE OF DEA	TH	16831
HEALTH DEPT.		CEASED NAME First	Middle	Lost	20 DATE KNOWN Mon	th Day Year 2b HOUR
of ge	1 (ype or Print) Robert	1	Emis	OF ESTI-	26 168 A1
ny delay is 2, and 3 to PM3. Page	3 \$	X 4 RACE S DATE OF BII	and hardhold		HRS 2c DATE PRONOUNCED DEAD Month / 2 Day	
	7a.	IRTHPLACE (State or foreign 76 CITIZEN OF WE	HAT COUNTRY? 8		COUNTY OF DEATH	
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hin nine nine page		WAS DECEASED EVER IN U.S. ARMED FORCES? es. na, ar unknawn) [(# yes give war er dates el service)	16b. SOCIAL SECURITY NO	40001 BO	Dels, Kla	morieson
		1B. CAUSE OF DEATH (Enter only one cause per I PART I DEATH WAS CAUSED BY	line far (a), (b), and (c))	50 72		APPROXIMATE INTERVALE BETWEEN ONSET AND GEATH
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be executed by the brief Me hief Me ansit per event		Canditions, if any, which gove) (b)				· the
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The lifted of be	MEDICAL CER	PRIMARY OR CONTRIBUTING HOUR A	F INJURY Month, Day, Year I.M. 19	21c HOW INJURY OCCURRED (Ente	r noture of injury in Part 1 or Part	2, Item 18.)
EXAMINER: tute the cert age 4 shauld ryaur files. Page 3 shauld, cremation,	MED		(At home, form, street, ng, etc.)	21f LOCATION Street or R FD No.	City or Town	County State
		22a. I certify that Ltook charge of	the remains described a	bave, held an Autapsy 🗍	Inspection, Inquiry	and in my apinia
DEPUTY SICAL E cassary, please exect e funeral director Pa may be retained for FUNERAL DIRECTOR: afth prior to burial,		death resulted from . Matural cau	ises 📝 Accident], Suicide [], Hamicide	, Undetermined man	ner 🗌
y, please e real director e retained e retained e retained prior ta burect t		ACTUAL CONTRACTOR		CHIEF MEDICAL EX		ATE SIGNED
ssary, purposery, purp		SIGNATURE EXAMINER'S	1	DEPUTY MEDICAL	AL CAPITATION Land	2/6/60
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0 = = ~ 0 = =	230	BURIAL (REMATION, 23b DATE 12-10-19	108 Wals	TERY OR CREMATORY ON MOMONIAL	23d 10(AT ON (City or Town)	County))(flore)
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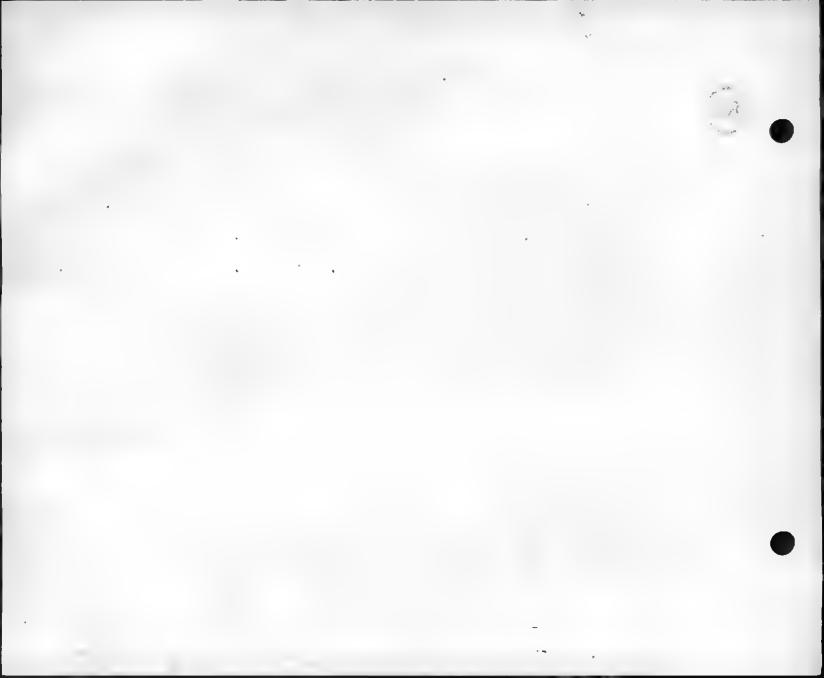


VR A15 (4) 7

cavificate be executed within 24 haurs after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death Page 4 may be retained by the haspital or attending physician.

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	REMOVAL (So Burial	ecify)	12	-21-68	Loudo	n Par	k Cemet	ery		ore City	Baltin	nore M	d.
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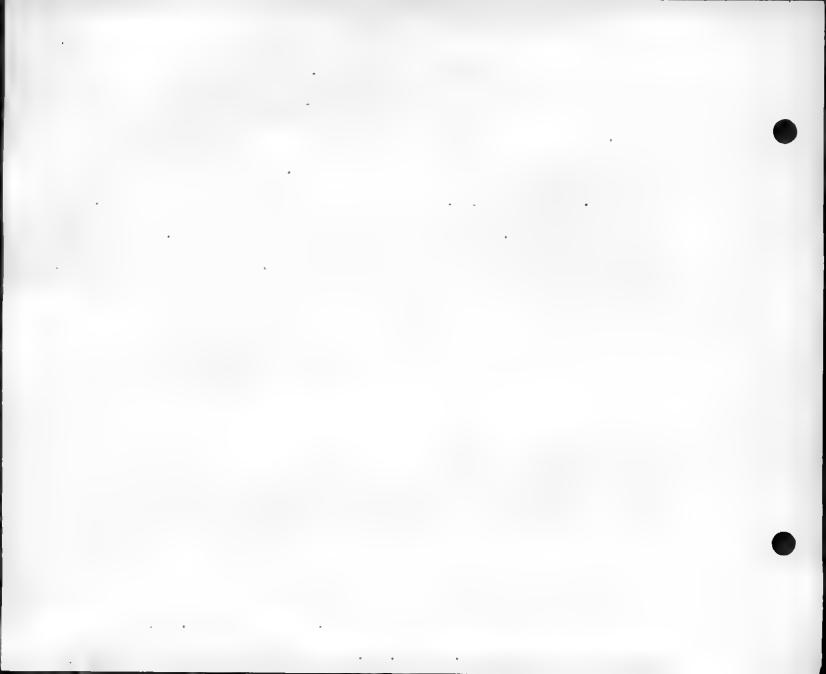
•	MARYLAND STATE DEPARTMENT OF HEALTH	
	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Coms 8 & 1	
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PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death the hospital or ottending physicion. The his certificate has been signed by the ottending physician and completely illed is by the formal stacked for use as the burial-transit permit. Then please remove carbon papers. Page 1 and Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 bours and 1 and 1.	(Type or pant) Month Doy Year	
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£ /4 4 5	last birthdoy) MONTHS DAYS HOURS	MIN.
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\$ (mr. 2)	country)	44.1
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	give street address) during most of working life, even if retired) INDUSTRY	
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uter impl ve c	ddm ssign) STATE 13b COUNTY Balt mere YES NO Aunknown 1322 Division Street	
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ath it idin	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive heart failure	AIII
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HYS hos sche		ate
det the Contract of the Contra	While Not while OFFICE BUILDING ETC of wark at wark	
by Store	22a. I certify that (I) (this hospital) attended the deceased from 8/30 , 19 43 , to 12/25 , 19 68 , that (I) (we saw the deceased glive on 12/25/68 19 , ond that in (my) (our) opinion death occurred on the date and have and from	e) last
ned ned the the	causes stated obave, (I) (we) (did) (did nat) view the bady after death.	m me
OR ATTENDING PHYSICIAN: be retoined by the hospital or JIRECTOR: After this certificate e 3 should be detached for u ed with the State Dept. of Heal	22b, SIGNATURE)	
ed v	Charles Weller, MD DEGREE PHYS. DIRECTOR DIRECTOR 12/26/68	
rAI C	22d. PHYSICIAN'S AAAL (Turn)	
SPII Gr. d by	NAME (Type) Crownsville State Hospital, Maryland	
FOG HOSPITAL OR ATTENDING PHYSICIAN: The low re Poge 4 may be retained by the hospital or ottending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to	23a BURNA CREMATION 23b. DATE 69 10 KAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) (County) (Stote)	
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VR A15 (1)	24. FUNERAL DIRECTOR ADDRESS 250. REGISTRAR 250.	
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		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
18		CERTIFICATE OF DEATH 16834
	1 :	ECEASED NAME First Muddle Lost / 20. DATE OF DEATH 2b_HOUR
9 2 5 8		Type or print) Seover Topping Fonda, 12-27-68 Month Doy Year 535/
24 bours after death. 24 bours after death. 24 bours after death. 27 Four when death.	3.	S DATE OF BURTH 6 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR lost birthday) MONTHS DAYS HOURS MIN
Thours		BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED OF COUNTY OF DEATH WIDOWED DIVORCED D
c ≡ Z:≡		CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during gross of working life, even if retired) 120. USUAL OCCUPATION (Kind of work done during gross of working life, even if retired) 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during gross of working life, even if retired)
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OR ATTENI be retained birector: A 3e 3 shauld led with the		276 SIGNATURY ATTENDING MED STAFF 22c DATE SIGNED 22c DATE SIG
O HOSPITAL OR ATTENE Page 4 may be retained O FUNERAL DIRECTOR: A director, page 3 shauld shauld be filed with the		22d. PHYSI(IAN'S NAME(Type) Robert R. HA HW. 22e ADDRESS, O. Box 73 Severyo South
Page 4 may be retained by the haspital ar ro FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached far us shauld be filed with the State Dept. af Heali	23	BURIA., CREMATION, 23b DATE, 23c, NAME OF CEMETERY OR CREMATORY (23d 19CATION (23d 19CATION) (County) (Trote)
VR A15 (4) 30M REV 1/68	24	EMERAL DIRECTOR PARAMED Severa Ph 250. REC'D BY REG STRAR 256 REGISTRAR'S SIGNATURE PARAMED STRANGE STRANGE STRANGE STRANGE SIGNATURE PARAMED STRANGE
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 16835DECEASED-NAME Middle last 20 DATE OF DEATH First 2b. HOUR deoth the death certificate be executed within 24 hours after death XX Day 68 Year (Type or print) Month Walter Ashton Fountain Sr. 3. SEX 4. RACE S. DATE OF BIRTH 6 AGE (In years IF LINDER 1 YEAR IF UNDER 24 HRS lost birthday) HOURS Male White 6-8-96 7b CITIZEN OF WHAT COUNTRY? 70 8fRTHPLACE (State or foreign 9. COUNTY OF DEATH MARRIED [NEVER MARRIED [(ountry) physician and completely filled in ease remove corbon popers and in any event, within 72 h Md. U. S. A. DIVORCED [WIDOWED [Anne Arvidel 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10 CITY OR TOWN OF DEATH 12g, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Salesman give street oddress) during most of working life, even if retired) en please remove corbon Glen Burnie th Arundel Gerd 13a USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 13e. STREET AND NUMBER 13d INSIDE CITY LIMITS? odmission) STATE 13b COUNTY NO 🔽 Pasadena Homeland Rd. 21122 14. FATHER'S NAME Lost First Middle IS MOTHER'S MAIDEN NAME First Middle Last Charles Fountain Ellen Herold 166. SOCIAL SECURITY NO. 17 INFORMANT 16a WAS DECEASED EVER IN U.S. ARMED FORCES? Address 21122 I I'll yes give war or dates of service) Yes, no, or unknown) or removal, Elizabeth C. Fountain 21 Homeland Rd 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c))
PART I. DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a) BETWEEN ONSET AND DEATH DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBLIENG TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) be retoined by the hospitol or ottending O FUNERAL DIRECTOR: After this certificate has been os the l 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION 20m AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO 🗌 YES 🔲 ed for use of Health (21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM. STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Tawn County State While Not while at wark TENDING _____, 19 67, ta 20 23 22a I certify that (I) (this hospital) attended the deceased from. 5511 saw the deceased alive an 16- 20-1968, and that in (my) (our) apinion death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING. 12-16-68 DEGREE ba PHYS DIRECTOR director, poge should be filed 22d PHYSIC AN S 22e ADDRESS Vasadens 21122 23c NAME OF CEMETERY OR CREMATORY 23b DATE 23d LOCATION (City or Town) (State) 23a BUR AL, CREMATION (County) REMOVAY(Specify) 12/19/68 Loudon Park Cem. Belto. Md. 2Sc. REC D BY REGISTRAR 25b REG STRAR'S SIGNATURE VR A15 14% DATDEC 19 1968 237 Patapsco Ive. Balto. Md. 21225 30M REV 1/68



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ed to the funeral

Ste be executed within 24 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certifig

Poge 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

IFICATE OF DEATH	6	2	3	ß
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	8603				CERTIFI	CATE OF	DEATH			1	6836	
	ECEASED NAME Type or print)	First KARET	Ţ	Middle ANN		Lost GA	LM		EC Manth	8 Da	1968'ear	25 HOUR 7:00p M
3. SE	Female		4 RACE White			S. DATE OF Dec	8 , 1 968	8	6 AGE (Ir last birt		F JINDER 1 YEAR MONTHS OAYS	IF UNDER 24 HRS. HOURS MIN
caur	BIRTHPLACE (State or ntry) aryland	r fareign	76. CITIZEN OF W	HAT COUNTRY?	8 MARRIED WIDOWED	NEVER MA	RRIED X		y of DEATH ne Arun	del		Md.
	TIY OR TOWN OF DE Ft Meade	ATH	give	AME OF HOSPITAL OR I street address) S.Kimbrou			during m	nost of war	NTION (Kind of v rking! fe, even i NE	f retired }	INDUSTRY	BUSINESS OR
	usual residence (ission) STATE Mary		LINE COUNTY	lan Residence befor Anne Arun Georges	Laur	rel		0 🛣	Se. STREET AND I		Meade F	≀d.
14.	FATHER S NAME	First James	Middle Da.v:	lost id Gal		IS. MOTHER'S A	AAIDEN NAME I JANE		МΔ	Middle RIE	KREAG	Last LER
	. WAS DECEASED EVE (es, ng., or unknown) NO	R IN U.S. ARN		16b. SOCIAL SECURIT	Y NO. 17.	INFORMANT	· · · · · · · · · · · · · · · · · · ·		9,3565	Address T	aurel.	
	PART I DEATH Canditions, If any, rise to immediate stating the under	WAS CAUSED 1MMEDIA which gave cause (a), lying cause	DUE TO, OR DUE TO, OR DUE TO, OR (b) DUE TO, OR (c)	ine for (o), (b), ond (Failure to AS A CONSEQUENCE O Prematuri AS A CONSEQUENCE O JIING TO DEATH BUT	o estal F ty F						- 49	min.
CERTIFICAT ON	190 DATE OF OPERA			HICH OPERATION WAS I		200 AUI	OPSY?	2	Ob. IF YES, WERE AUSES OF DEATH	FINDINGS (CONSIDERED IN C	CERTIFYING
MEDICAL CER	21a. ACCIDENT WA	CAUSE OF DEAT RRED 21e.	H HOUR A.M. P.M.	F INJURY Manth Day Yeo (AT HOME, FARM, STREET OFFICE BUILDING, ETC.	or 19		CCURRED (Ente		f injury in Part 1 City ar Tawn	ar P art 2 ,	Item 18.) County	State
	22a. I certify to saw the couses sto	that (#) (th	s haspital) at ive an ;(t) (we) (did)	ended the deced Dec (dicknot) view th	ised from 19 ar e body after	nd that in (1	ky) (a ur) ap	68_, to union de	a B Dec oth occurred	, 19 an the de	_68_, that ate and hour	t (体(we) last and from the
	16-0	lor	M	la	DEG	11117		MED. DIRECTOR	STAFF PHYS.		Dec 19	68
	22d. PHÝSICIAN'S NAME (Type)	TERBER	r SPOLTE	R.CPT.MC		22e. AD		UGH A	RMY HOS	P.FT	MEADE .M	AD

TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physician and completely filled by the funeral director, page 3 should be detached for use as the buriol-tronsit permit. Then please remove corbon pagers, loges 1 and 2 should be filled with the State Dept. of Health prior to buriol, cremotion, or removol, and in any event, within 72 hours after deoth. VR A15 (4) 30M REV 1/68

NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City or Town)

REC'D' BY RECISTR

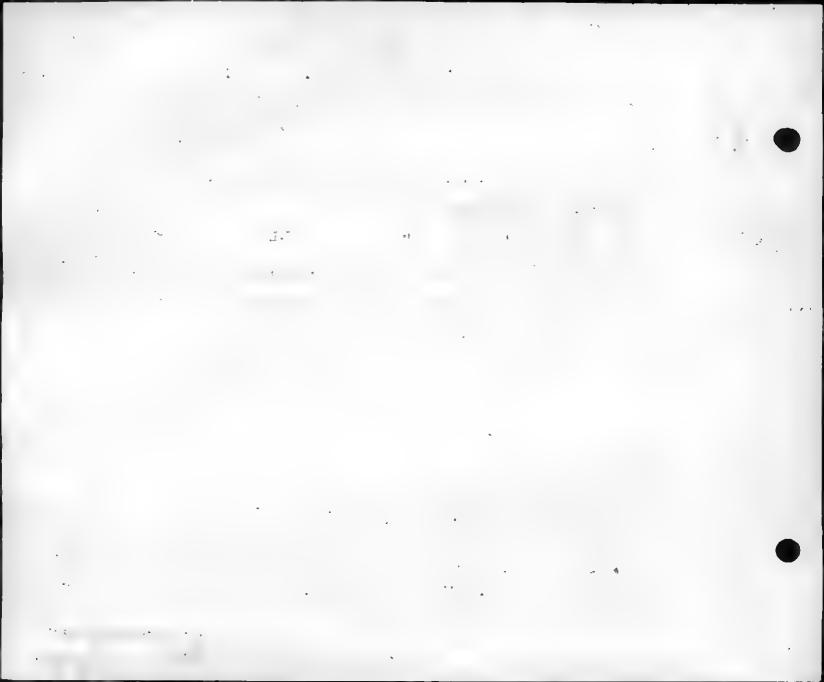
(County) (State)

BURIA., (REMATION, REMOVAL (Specify) DEC. 11. 1968 WITZKE 24. FUNERAL DIRECTOR HOWARD FUNERAL HOME

23b DATE

MARYLAND

COCATION IN THE STREET STREET



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item 8 Film G408 1/8/69 kk CERTIFICATE OF DEATH 16837 25 HOURA. DECEASED-NAME First Middle Lost 20 DATE OF DEATH requires that the death certificate be executed within 24 hours after death. (Type or print) Fourant Donovan GANNAWAY, Sr. December 3 SEX 4. RACE S DATE OF BIRTH 6 AGE (In years lost birthdoy) White Male Sept. 11. 70 BIRTHPLACE (Stote or foreign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B MARRIED | NEVER MARR ED Amherst, Va. WIDOWED X DIVORCED TA Anne Arundel 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR Anne Arundel Gen. Hospital dur no most of wark to (fe exercit return) Annapolis 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CiTY OR TOWN 13d INSIDE CITY DIMITS? 13e STREET AND NUMBER Anne Arundel YESTY NO 2029 West St. Annapolis 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Lost Middle Lost Bowles Gideen Minnie Gannaway 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address Yes, no, or unknown) 2/3-22-2046TN.A. Gannaway Amherst. Va. 18 CAUSE OF DEATH (Enter only one couse per line for (a) (b) and (c).)
PART I, DEATH WAS CAUSED BY,
IMMEDIATE CAUSE (b) APPROX MATE INTERVA burial-tronsit permit. Suriol, cremation, or re DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gove) UNSCIEPOSIS GENERALIZED rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/0 O FUNERAL DIRECTOR: After this certificate has been 196 CONDIT ON FOR WHICH OPERATION WAS PERFORMED 20b IF YES, WERE FIND NGS CONSIDERED IN CERTIFYING 20o AUTOPSY? CAUSES OF DEATH? YES -210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21F LOCATION Street or R.F.D. No. City or Town County Stote While Not while at work 220. I certify that (I) (this hospital) attended the deceased from 12-17, 1968, to 12-27, 1968, that (I) (we) last saw the deceased alive on 1968, and that in (my) (our) opinion death occurred on the date and hour and from the director, page 3 should should be filed with the couses stated abave (1) (we) (did) (did not) view the body after death 22c DATE SIGNED DIRECTOR -DEGREE PHYS 22e ADDRESS Edward S. Beck. M.D. 73 Franklin St., Annapolis, Md. 230 BUR AL, CREMAT ON, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) Bur May Red Moval Amherst, Cemetery Amherst Amherst KM. Va. 25b REGISTRAR S SIGNATURE 250 REC D BY REG STRAR Home VR A15 (4) 45M - 1, 69 annapolis. Munica DATE DEC 3 1968





cice and templetely filled in by the funeral ease regions corbon papers. Pages 1 and 2 and in the first find years, within 72 hours after death.

TO FURERAL DIRECTOR: After this certificate has been signed by the attending plfy director, page 3 should be detoched for use as the buriol-transit permit. Then, should be filed with the State Dept. af Health prior to buriol, cremation, or removal.

Page 4 may be retained by the hospital or attending physicion.

O HOSPITAL OR ATTENDING PHYSICIAM: The law requires that the dinoth certificate be executed within 24 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

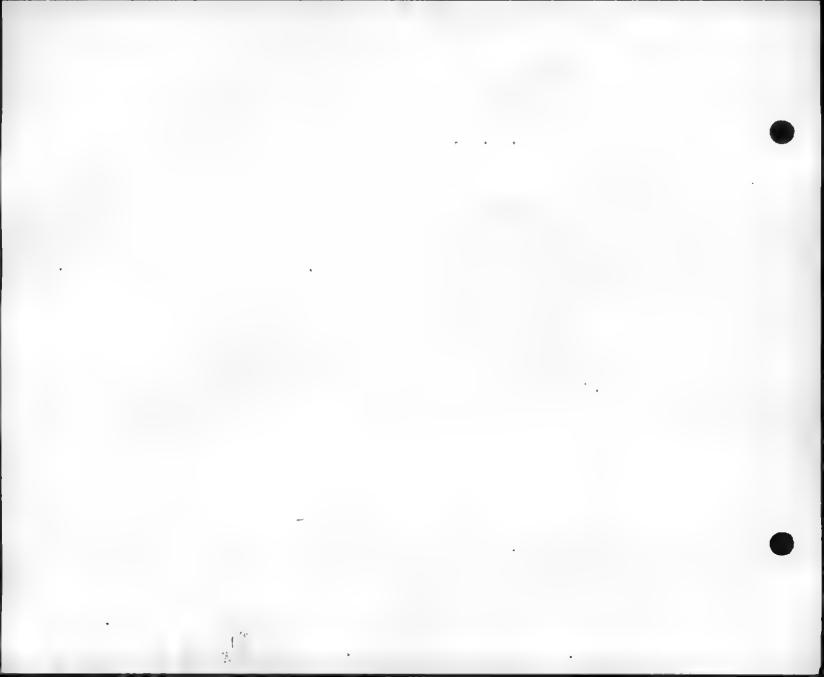
CEDTIFICATE OF DEATH

16838

	ECEASED NAME	First		Middle	1	ost	2a. DATE C		N W	2b HOU
1	Type or print)	MABL	E	R.	GII	BERT	DEC	month 28	3 [№] 1968	9:10
3 5			4 RACE			TE OF BIRTH		6 AGE (In years	S F JNDER 1	YEAR OF UNDER 24 I
	Female		C	Cau	JU	ME 6,190	2	lost bighday)	YRS.	DATS HOURS
0	BIRTHPLACE (Stote	or foreign		OF WHAT COUNTRY?	8. MARRIED 52 NE	VER MARRIED	9. COUNTY O			
	^{ntry)} Mary L		USA	-	WIDOWED	DIVORCED [ARUNDEL		
	CITY OR TOWN OF CIGEO G 1			11 NAME OF HOSPITAL OR IN	STITUTION (if not in h IGH ARMY T	ospital 120 U	OUBEWIF	N (Kind of work d a ife, even if retir	dane 12b Ki red) INDUS	IND OF BUSINESS OR TRY N/A
	TATE fonces	(Where deceos		nstitution: Residence before NTY Arundel	13c CITY OR TOWN			TREET AND NUMBE OX 17 Tel	R	
4.	FATHER'S NAME	Eirst UNKNOW	Mic	ddle last	12. MOT	HER'S MAIDEN NAM	E First LIZBETH	Midd	(finkino	MN) rosı
	. WAS DECEASED E		AED FORCES?	16b. SOCIAL SECURITY	NO. 17 INFORM	MANT		Addre	ess	
	Yes, no, or unknow	U) (11 Just 31 July 14	N/A	217-34-66	Wm E	R.Gilbert	,Box 17	Telegrap		
	18 CAUSE OF S PART I. DE	ATH WAS CAUSED	ly one cause D BY ATE CAUSE (a)	per line for (a), (b), and (c). PULMONARY						APPROXIMATE INTERVAL TWEEN DISET AND DEATH 11 DAYS
	110	4	, ,	, OR AS A CONSEQUENCE OF						
	Conditions, if or rise to immedi		(b	PROBABLE AC	UTE MYOCA	ARDIAL IN	FARCTIO	N		
	stating the uni		DUE TO	OR AS A CONSEQUENCE OF ARTERIOSCI	EROTIC H	EART DISE	CASE			
	PART 2. OTHER	SIGNIFICANT CON	NDITIONS CON	ITRIBUTING TO DEATH BUT N	OT RELATED TO THE	TERMINAL DISEASE (DR CONDITION GIV	'EN IN PART 1(a)		
NO	2									
THEATION	2			ITRIBUTING TO DEATH BUT N	RFORMED 2	Od AUTOPSY? YES NO	20b. CAUS	1F YES, WERE FINDI ES OF DEATH?		D IN CERTIFYING
DICAL CERTIFICATION	19a. DATE OF OPI	RATION 19b WAS UNDERLYIN Cause of Deal medical exami	CONDITION FO	OR WHICH OPERATION WAS PE IME OF INJURY A.M. Month Day Year	RFORMED 2	OG AUTOPSY? YES NO UNRY OCCURRED (E	20b. CAUS	1F YES, WERE FINDI ES OF DEATH?		D IN CERTIFYING
MEDICAL CERTIFICATION	210 ACCIDENT OR CONTR BUTIN (If either, notify 21d. INJURY OF While Not	RATION 19b WAS UNDERLYIN Comparison of the control	CONDITION FOR	IME OF INJURY A.M. Month Day Year P.M. 1 JURY (AT HOME, FARM, STREET, FA	RFORMED 2:	Oa AUTOPSY? YES NO JURY OCCURRED (E	CAUS nter nature of inj No. Cri	IF YES, WERE FINDI ES OF DEATH? OUTY IN PORT I OF PO TY OF TOWN	ort 2, Item IB.) County	Stote
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MEDICAL	210 ACCIDENT 210 ACCIDENT OR CONTR BUTIN (If either, natify 21d. INJURY OC While Nation of wark of w 220. I certif saw the Causes 22b. SIGNATURE 22d. PHYSICIAN NAME (Typ)	RATION 196 WAS UNDERLYIN COLUMN OF DEAT Medical examin CURRED 21e While 21e That \$10 (the deceased a stated obave) DENNIS (ON, 23b.)	CONDITION FOR THE PLACE OF IN. is haspital live an	OR WHICH OPERATION WAS PE IME OF INJURY A.M. Month Day Year P.M. 1 JURY (AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC. Attended the deceas ACTS, CPT, MC 23c NAME OF	21c HOW IN 9 CTORY.) 21f LOCATIO ed from	OG AUTOPSY? YES NO JURY OCCURRED (E N Street or R.F.D. Dec 19 † in (Dec) (Qur) of ATTENDING PHYS US KIMBR AFORY	No. Colored ARC COUGH ARC	IF YES, WERE FINDINGS OF DEATH? OUTY IN Part 1 or Po TY OF TOWN Dec accurred on the phys. MY HOSP, H TON (City or Town)	County , 19_68_, ne date and 22. DATE SIGN 28 Dec FT MEAD (County	that \$1) (we) hour and from NED 68 E,MD
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1683920. DATE OF DEATH 1. DECEASED-NAME First Middle Last 2b. HOUR completely filled in by the funeral nove corbon papers. Pages, 1 and 2 to event, within 72 hours after death. within 24 hours after death. (Type or print) Tempton Gill Month Dare 3 SEX 4. RACE 5 DATE OF BIRTH 6 AGE (In years IF UNDER 1 YEAR HOURS lost birthdoy) White 12/7/1910 Male 7o. BIRTHPLACE (Stots or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED K NEVER MARRIED country) Virginia U. S. A. WIDOWED | DIVORCED [Anne Arundel 12a LSUAL OCCUPATION (Kind of work done 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital ID. CITY OR TOWN OF DEATH 12b KIND OF BUSINESS OR during most of working life, even if retired)
Routeman give street oddress) INDUSTRY Brookfield Road Diaper Pasadena signed by the attending physicion ond complete buriol-transit permit. Then please remove corb buriol, cremation, or removal, ond in any event, 13a USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c, CITY OR TOWN 13d INSIDE CITY LIMITS? 13B. STREET AND NUMBER requires that the deoth certificate be executed 13b. COUNTY Maryland Anne 14 FATHER'S NAME Middle 15 MOTHER'S MAIDEN NAME First William Gill (Deceased) Grace Lucas 16b SOCIAL SECURITY NO. 17 INFORMANT Address 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) 217 05 1229 Mrs. Agnes Rigney 419 Cody Dr. 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY. DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gave) rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ORCONDITION GIVEN IN PART I(o) prior to l TO FUNERAL DIRECTOR: After this certificate has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING . 9o. DATE OF OPERATION CAUSES OF DEATH? YES [NO 🗔 210. ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Horn 18) 216 TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM STREET, FACTORY.) 21f LOCATION Street or R.F.O. No. City or Town County Stote While Not while at work director, page 3 should should be filed with the 22b SIGNATURE 22c DATE-SIGNED ATTENDING DEGREE PHYS DIRECTOR 22d. PHYSICIAN'S CHANG NAME (Type) 23d LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMAT ON, 23h DATE (County) (State) LuFial (Specify) Baltimore, Md. Baltimore National 12/31/68 ADDRESS 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR VR A15 Raymond C. Fink Glen Burnie, Md.



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

Н		16928	DIVISION OF VIT	AL RECORDS,	301 W.	PRESTON STRI	EET, BALTII	MORE	, MARYLAND 2	1201			
Н		The state of the s			CERTIF	ICATE OF I	DEATH				168/	2.11	
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	3 SE	X	4 RACE			S. DATE OF BIR			6. AGE (In	yeors	IF UNDER 1 YEAR		INDER 24 HRS.
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		BIRTHPLACE (State or foreign	76. CITIZEN OF WHAT	OUNTRY?	8 MARRI	ED NEVER MARR	IED T	COUN	ITY OF DEATH				
	caun	Maryl and	A.A.		WIDOW			A	nne Arun	le1			Md
	10. C	ITY OR TOWN OF DEATH	II. NAME	OF HOSPITAL OR IN	STITUTION (lf nat in haspital			PATION (Kind of wo		12b. KIND	OF BUS	INESS OR
1		Glen Burnie	give stree	oddress)Nort	th Am	undel			orking life, even if '855	retired.)	INDUSTRY	el	
	130.	USUAL RESIDENCE (Where deco	eased lived, if institution:	Residence before			BILL INSIDE CITY LIM	1223	130 STREET AND NU				
,	aami	ssion) STATE Marylan	d 136 COUNTY A	.A.	930	स्टब्लेस्टन	AEZ NO	32	260 Ken	wood	Road	_ 2	1122
1	14 F	FATHER'S NAME First	Middle	Last		15. MOTHER S MAI	DEN NAME Fir	st		Middle		I	ost
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		WAS DECEASED EVER IN U.S. A	RMED FORCES? 16b	. SOCIAL SECURITY	NO.	7. INFORMANT Chart	No	eth	Arundel	Address			
	- 1	es, no, or unknown) (If yes gr	se with or didies of services			OHALO	210	1 011	AIGHGEL				
		18. CAUSE OF DEATH (Enter		r (p), (b) and (c)	1 /2	. 1	((7	17-		BETWEE	N ONSET	INTERVAL AND DEATH
		PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Charte My o Carlled for the Maly									Hom		
		14/ 7 DUE TO, OR AS A CONSEQUENCE OF											
	Conditions, if ony, which gave) (b) In 12000 Metal 15 XPal Deflace										KI	Je my	
		rise to immediate cause (a). Stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF											
		last.	_) (c)										
		PART 2 OTHER SIGNIFICANT O	CONDITIONS CONTRIBUTING	TO DEATH BUT N	OT RELATED	TO THE TERMINAL	DISEASE OR CO	PITIDI	N GIVEN IN PART I	9), 2			
	No	4261	(U) Pu	leght	7 6	Whin.	- 0	13 G	Whylryll	Whi			
	CERTIFICATION	19g. DATE OF OPERATION 19	6 CONDITION FOR WHICH	OPERATION WAS P	4 CAUSES OF BEATUR					indings (IDINGS CONSIDERED IN CERTIFYING		
	RTIF			٧		YES 🔀	№ □		·				
		21a. ACCIDENT WAS UNDERL' ☐ OR CONTRIBUTING ☐ CAUSE OF C		URY onth Day Ye or		. HOW INJURY OCCU	IRRED (Enter	nature	af injury in Part 1	or Part 2,	Item 18.)		
	MEDICAL	(If either, notify medical exo	miner) P.M.	, l	9								
	₹.	21d. INJURY OCCURRED 2 While Not while	e PLACE OF INJURY (AT)	IOME, FARM, STREET, FA CE BUILDING, ETC.	(CTORY.) 21f	LOCATION Street	or R.F.D. No		City or Town		County		Stote
		at work — of work —					10.4			14 15	7	100	
		22a. I certify that (I) (this haspital) attend	ed the deceas	ed from.	and that in (my	, 19 6	r, 1	onth occurred a	20; 19	to and have	of (I)	(we) lost
		couses states abo	ve, (I) (we) (did) (dic	nat) view the	body aft	er death.) (usi) opii	ים ווטוו	eom occanea o	ii iiie ac	ne ona nat	n unc	inomine
		22b. SIGNATURE	1 2	2 1	7		1		67.155	22c	DATE SIGNED		
		1-11/1	an Me	TILL	2 620	EGREE PHYS.		D. Rector	STAFF D		2 -2	6 -	65-
1		22d PHYSICIAN'S	/	1/	/	22e. ADDR	ESS						
П		NAME (Type)	Wilary T. O'	Herlihy									
	23a		b. DATE			OR CREMATORY			LOCATION (City or To		(County)	(Stote)
		REMOVAL (Specify)	12/23/68		on Pa				Baltimore				
0	24.	FUNERAL DIRECTOR	+-11	ADDRESS			2Sa. RECD BY	REGIST	1968 25b. R	GHS PRAIR S	SUSVATURE	de	7.
R	/	Mr Cully 1	V- 237	Patapsc	o Ave	. 21.225	DATEDEC	6 3	IOOM ,				

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in but director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban paders repays shauld be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 12 hours Page 4 may be retained by the hospital ar attending physician. VR A15 (4)

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the leath certificate be executed within 24 haurs after





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16842 CERTIFICATE OF DEATH DECEASED NAMES: Middle Last 2c. DATE OF DEATH 25 HOUR Gram. . George S DATE OF BIRTH? IF UNDER I YEAR 4. RACE 6 AGE (In veors MONTHS DAYS last birthday) Feb 10. white 70 BIRTHPLACE (State or fore an 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B. MARRIED - NEVER MARRIED D-VORCED | MIDOWED Anne Arundel County. 10. CITY OR TOWN OF DEATH 11. NAME OF HÖSPITAL OR INSTITUTION (If not in hospital 12a, USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street address) during most of working life, even if retired.) **INDUSTRY** Printer " Printing 13d. INSIDE CITY LIMITS? 13e, STREET AND NUMBER 13b. COUNTY YES 🚤 226 Orchard Brooklyn Avenue Anne Lost IS. MOTHER S MAIDEN NAME First - Unknown Gram George 16b. SOCIAL SECURITY NO. 17. INFORMANT 1 (If yes give war or dates of service) Mrs Loretta Gram MA 21225 BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE DUE TO. OR AS A CONSEQUENCE OF 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? CAUSES OF DEATH? YES 🗔 NO F 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.) HOUR A.M. Month Doy Year 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f LOCATION Street or R.F.D. No State City or Town County saw the deceased alive on 19 3, and that in (my) (our) opinion death accurred on the date and hour and from the causes stated above, (1) (we) (da) (did not) view the body after death. 22c DATE SIGNED ATTENDING PHYS DIRECTOR PHYS

(County)

(Stote)

that the death certificate be executed within and in any event. remove 14 FATHER'S NAME ease 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, ar unknown) burral, crematian, ar remaval, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY. Conditions, if any, which gove) rise to immediate couse (a). signed by i stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending be detached for use as the State Dept. of Health prior to 19c. DATE OF OPERATION certificate 21g. ACCIDENT WAS UNDERLYING TOR CONTRIBUTING TO CAUSE OF DEATH (If either, notify medical examiner) 21d. INJURY OCCURRED While Not while ot work 220. I certify that (I) (this hospital) attended the deceased from IN MUNIERAL DINICTOR: 22b. SIGNATURE director, page should be filed 22e ADDRESS 22d. PHYSICIAN S NAME (Type) 23d. LOCATION (City of Town) BURIAL CREMATION 23b. DATE NAME OF CEMETERY OR CREMATORY REMOVALISEE STY Ralti more, Cemetery 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNA 24. FUNERAL DIRECTOR 30M REV. NA BIAD

24 haurs after death

9

(Type or print)

odmission) STATE

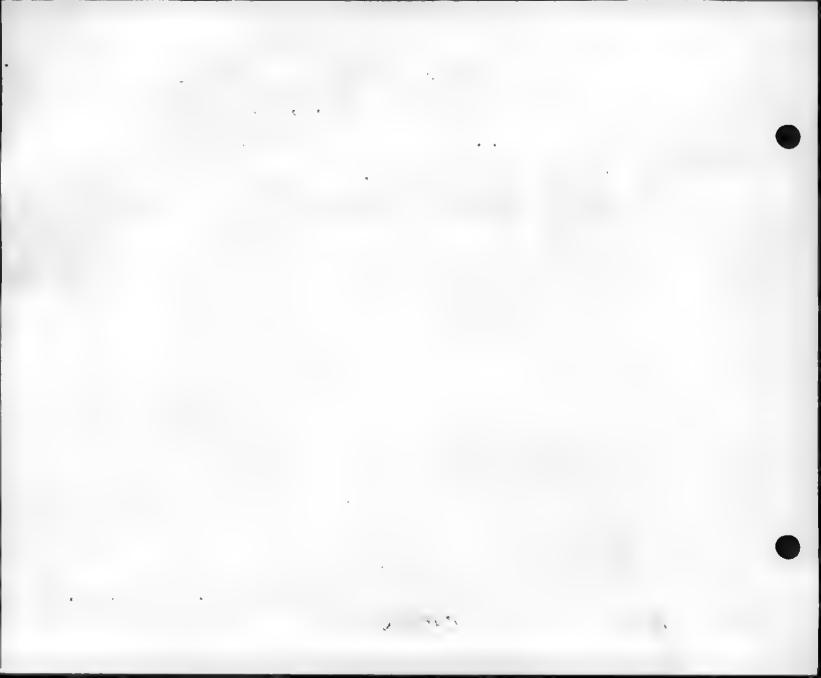


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CG QA 16843 CERTIFICATE OF DEATH DECEASED-NAME Middle LOS 20 DATE OF DEATH death. 2b HQUR ithin 24 hours after death and (Type or print) 3 SEX 4 RACE 5 DATE OF BORTH 6 AGE (n years F JNDER 1 YEAR ost Yan MONTHS -/3-7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? COUNTY OF DEATH MARRIED T NEVER MARRIED DIVORCED [CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR INDUXIET.> TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campionary director, page 3 should be detached for use as the burial-transit permit. Then please remay, carbon 130 USUAL RESIDENCE (Where deceosed lived, if institut 13c. CITY OR TOWN 13d. INSIDE 3e STREET AND law requires that the death certificate be executed and in any even odmission) STATE 13b COUNTY 14 FATHERS NAME Lost Lost 160 WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT or remayal, LAUREL APPROX MATE NTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a) (b), and (c)) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) crematian, DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gove) (b)_3 rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF physician. stating the underlying couse burial, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE OR CONDITION GIVEN IN PART 1(a) Page 4 may be retained by the haspital ar attending d far use as the of Health priar to 190 DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20o AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING OR ATTENDING PHYSICIAN: The CAUSES OF DEATH? NO 🗌 YES [7] 210 ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) director, page 3 should be detache should be filmd with the State Dept. 21d INJURY OCCURRED 21e PLACE OF INJURY (AT MOME FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while at work 22a. Leertify that (I) (this haspital) attended the deceased from 1962, to 6, 1962, to 1972, that (I) (we) last saw the deceased alive on 1972, and that in (my) (aur) apinian death occurred on the date and haur ona from the causes stated above (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c DATE SIGNED ATTENDING DEGREE DIRECTOR 22d PHYSICIAN DATE LOCATION (City (County) VR A15 (4) 45M 1/69 DADEC



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16844 CERTIFICATE OF DEATH IE DECEASED-NAME First. Middle Last 2a DATE OF DEATH 2b HOUR offer death. executed within 24 hours after death. Charles and campletely filled in by the funeral (Type or print) December Month 1968 GREENE 4. RACE 5 DATE OF BIRTH F UNDER 1 YEAR IF UNDER 74 HRS 6 AGE In years last bythology) HOURS Male White 17 May, 1923 bon papers. Po within 72 hau 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED 🔼 NEVER MARRIED country) Alabama USA Anne Arundel WIDOWED [DIVORCED [12a USUAL OCCUPAT ON (Kind of work dans 12b KIND OF BUSINESS OR Jurana mast of warking ife, even if refired) INDUSTRY Optical 3a USUAL RESIDENCE (Where deceased fived, if institution: Residence before 113c. C TY OR FOWN 13d DISIDE CITY LIMITS? 13e STREET AND NUMBER odmission) STATE Md. Arundel Glen Burnies and in any 14 FATHER'S NAME First Last 15 MOTHER'S MAIDEN NAME First Lost requires that the death certificate by please 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes give war or dates of service) Yes, na (ar unknawn) e attending phys permit Then p ar remova 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) BETWEEN DISET AND DEATH PART I, DEATH WAS CAUSED BY: Coronary occlusion Immediate IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave Atherosclerotic vascular disease signed by the burial-transit p Unknown nse ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underwing cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ORCONDITION GIVEN IN PART 1(a) as the O FUNERAL DIRECTOR: After this certificate has been 20b. IF YES WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🔲 NO X 21a. ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 216. TIME OF INJURY ģ HOUR A.M OR CONTRIBUTING CAUSE OF DEATH Month Day Year (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State White Nat white at wark 22a. I certify that (I) (this haspital) attended the deceased from 9 December, 1968, ta 20 Dec., 1968, that (I) (we) last saw the deceased alive an 20 December 1968, and that in (my) (aur) opinion death accurred an the date and haur and from the causes stated above, (1) (we) (did) (did not) view the body after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING MED. DIRECTOR 28 December 68 DEGREE PHYS 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) hhOh Queensbury Rd., Riverdale, Md. Carl J. Houmann. M. D. director, should b 23c NAME OF CEMETERY OR THEMATOR (County) 23a BURIAL CREMATION 23b. DATE REMOVAL (Specify) BY PEGISTRAR 24. PHINERAL DIRECTOR. **ADDRESS** 25b VR A15 (4) 30M REV 1/66





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 6846 DECEASED-NAME First Middle 2a. DATE OF DEATH 2b HOUR death. deoth puo (Type or print) 6:45w John Grogan 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 6 AGE (In veors lost buthday) MONTHS 10/1/93 Male White 7a. BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH requires that the death certificate be executed within 24 how 8 MARRIED [] NEVER MARRIED [4 country) ond completely filled in WIDOWED | DIVORCED [Anne Arundel w.thin 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR Grownsville State Hospital corbon INDUSTRY Crownsville 13a, USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13e STREET AND NUMBER 13c CITY OR TOWN 13d INSIDE CITY CONTES? 13b. COUNTY Balt YES 🔲 NO 🗌 remove Balto 48 Market Place and in ony 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle Middle Last Sarah please Thomas Grogan BROWNAN 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address d by the ottending physical-tronsit permit. Then ple, cremotion, or removal, a 216143939 Yes, no, at unknown) (If yes give war or dates of service) Hospital Records, Crownsville Maryland -unknown CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Bronchopneumonia IMMEDIATE CAUSE (c) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p burial, cremati Conditions, if any, which gave) (b) Carcinoma of rectum and descending colon rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF physician. stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) by the hospital or attending has been be detoched for use as the Stote Dept. of Health prior to 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20o. AUTOPSY? CAUSES OF DEATH? YES [7] NO [O FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED {Enter noture of injury in Port 1 or Port 2, Item 18.} OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f LOCATION Street or R.F.D. No. City of Town County State While Nat while at work 22a. I certify that (I) (this haspital) attended the deceased fram— saw the deceased glive an———12/19———19_68, a eased fram 9/11 , 19₆₄ , ta 12/19 , 19₆₈ , that (I) (we) last 19₆₈ , and that in (my) (aur) apinion death accurred on the date and haur and from the saw the deceased alive an.... be retoined causes stated above, (1) (we) (did) (did not) view the body after death. 22c. DATE SIGNED ATTENDING

DIRECTOR

2So. REC'D BY REGISTRAR

Crownsville State Hospital, Maryland

(Stote)

(County)

2Sb REGISTRAR'S SIGNATURE

Munke

23d. LOCATION (City or Town)

BALTIMORE

1968

22e, ADDRESS

23c NAME OF CEMETERY OR CREMATORY

New Cothedral

director, poy-VR A15 (4) 30M REV. 1/48

22d. PHYSICIAN S

BURIAL CREMATION

REMOVAL (Specify)

24. FUNERAL DIRECTOR

NAME (Type) Charles R. Venter, M.D.

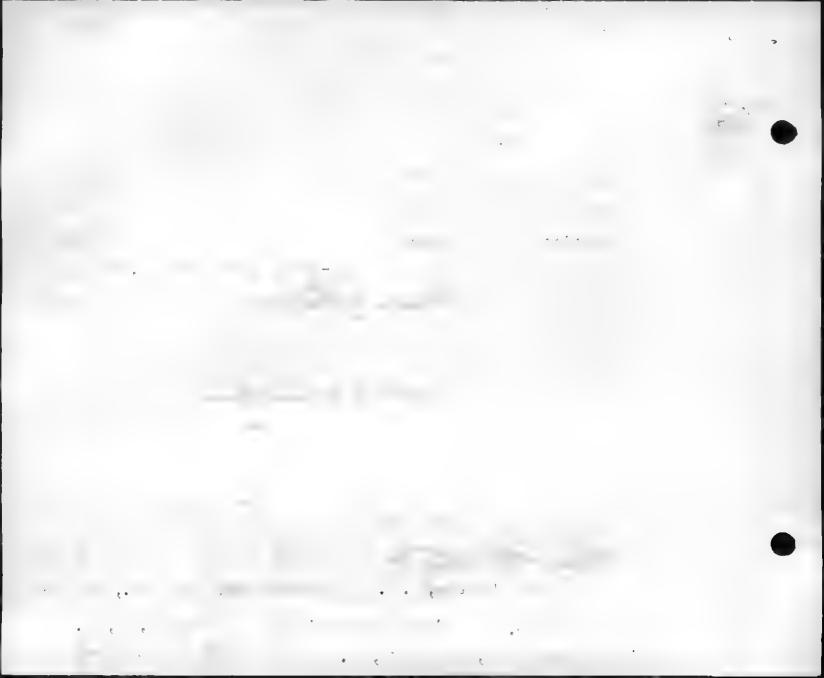
12-24-6

23b. DATE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16847 CERTIFICATE OF DEATH 2b HOUR tuneral 1 and 2 death. DECEASED-NAME Middle Last 2a. DATE OF DEATH First xecuted within 24 haurs after death (Type or pont) Month Yeor Walter F. Grundman 68 S. DATE OF BIRTH IF UNDER I YEAR IF JNDER 24 HRS 3 SEX 4 PACE 6. AGE (In years lost birthday) HOURS 2-13-02 Male White 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED 🔀 NEVER MARRIED 🦳 country) WIDOWED [DIVORCED [TISA Anne Arundel Germany sician and campletely filler please remave carban pa IO CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work done 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR dur ng most of working life, even if retired)
Electrician give street oddress) INDUSTRY event, with Glen Burnie North Arundel Hospital

130 USJAL RES DEMCE (Where deceosed lived, if institution. Residence before | 13c ally or TOWN Electric Co. 13d INSIDE CITY JIMUTS? 13e STREET AND NUMBER admission) STATE Anne Arundel Glen Burnie 6 Levmar Rd any IS MOTHER'S MAIDEN NAME First Middle Lost icore de and in Schleherg Maria Frederick Grandings physician 17 INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? (It yes give war or dates at service) Yes, na, or unknown) remayal, attending phys Wife- Norma Dittmar Grundman, same as that the death certif 18 CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) permit. crematian, DUE TO OR AS A CONSEQUENCE OF Conditions, if any, which gove t burial-transit rise to immediate cause (a), ρķ DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause signed PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) O FUNERAL DIRECTOR: After this certificate has been the 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 19a DATE OF OPERATION 20a. AutoPSY? CAUSES OF DEATH? YES 🗔 the haspital or 21g. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) far OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) be detached 21e PLACE OF INJURY (AT HOME, FARM, STREET FACTORY) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City of Town County State While Not while at wark causes stated abave, (1) (we) (did) (did nat) view the bady after death. director, page 3 sha should be filed with 22c. DATE SIGNED /2 - 20 - / -22b SIGNATURE ATTENDING PHYS MED. DIRECTOR DEGREE 22e ADDRESS 22d PHYSICIAN'S Hilary O'Herlihy M. D. NAME (Type) AKHAHAHKXRAHA Oakwood Rd., Glen Burnie 23d. LOCATION (City or Town) (State) 23c NAME OF CEMETERY OR CREMATORY (County) 23g. BURIAL, CREMATION 23b. DATE REMOVAL (Specify) Glen Haven Memorial Park Glen Burnie. AA ADDRESS 24. FUNERAL DIRECTOR 25a REC'D BY REGISTRAR VR A15 FIN 30M REV Kirkley Funeral Home, Glen Burnie, Md.



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 16848 Item FilmGh08 1/2/69 kk DECEASED-NAME Middle 20. DATE OF DEATH Dec. Month 11 Day 68 Year (Type or print) William Gurry 5 DATE OF BIRTH 12/26/89 IF JNDER 1 YEAR 3 SEX 4. RACE 6 AGE (n years 1E LINDER 24 HRS cuted within 24 hours after White Male 7o. BIRTHPLACE (State or foreign 76. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8 MARRIED [TE NEVER MARRIED] Maryland Anne Arundel U.S.A. DIVORCED [WIDOWED 10. CITY OR TOWN OF DEATH 12g USUAL OCCUPATION (Kind of work done 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b KIND OF BUSINESS OR ave street oddress)

N. Arundel Conv. Center during most of working life even f retired 1.

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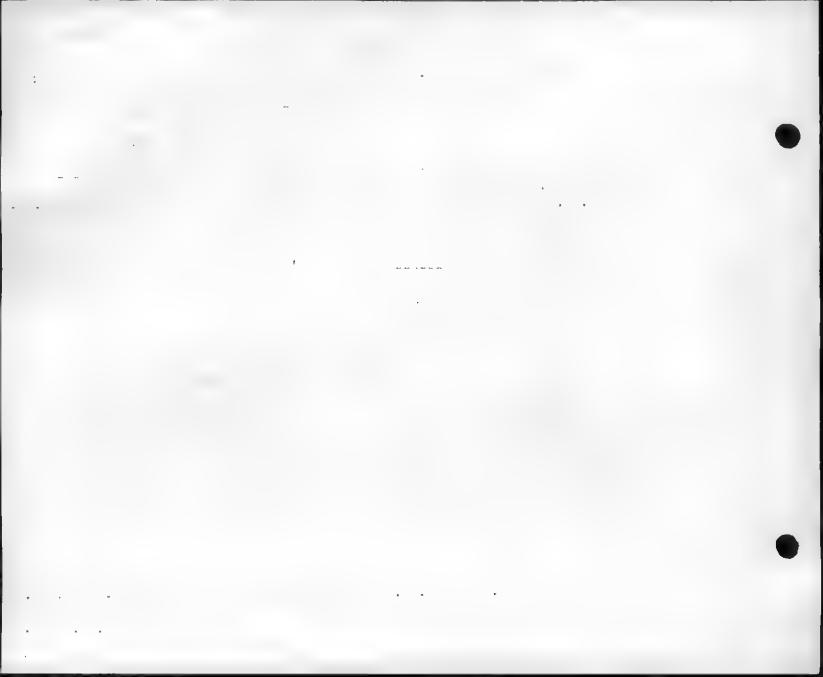
No. Arundel Conv. Center during most of working life even f retired 1.

No. Arundel Conv. Center during most of working life even f retired 1.

No. Arundel Conv. Center during most of working life even f retired 1.

No. Arund please remave carban Glen Burnie 130 JSUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN odmission) STATE Maryland COUNTY Balto. Balto. 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME First aw requires that the death certificate Defex Middle physician and 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECUR TY NO 17 INFORMANT 705-09-6471 Yes, na, or unknown) (If yes give war or dates of service) Willian J. Gurm 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY burial-transit permit. IMMEDIATE CAUSE (a) _ Conditions, if any, which gave) rise to immediate cause (a). stating the underlying couse(PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 190. DATE OF OPERATION 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🖂 NO 🛣 21g. ACCIDENT WAS UNDERLYING 215. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Day Year (If either, natify medical examiner) 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at work 22a. I certify that (1) (this haspital) attended the deceased fram 1/2/ 19 (2), and that in (my) (our) apinian death accurred an the date and hour and fram the saw the deceased alive an 12 / // causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c DATE SIGNED MED. DIRECTOR M. D. DEGREE director, page should be filled 22e. ADDRESS 22d. PHYSICIAN S NAME (Type) 200 23d. LOCATION (City or Town) 230 BURIAL CREMATION 23b DATE (County) (State) REMOVAL (Specify) New Cathedral Centery 25o. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE VR A15 [4]. 30M REV. 17/88





DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16850 1GRRR CERTIFICATE OF DEATH 20. DATE OF DEATH Last DECEASED NAME First requires that the death certificate be executed within 24 haurs after death December 5. Doy 1988 (Type or print) Jackson Ear1 HALL 6 AGE (In years less pirthday) S. DATE OF BIRTH 4. RACE IF JINDER YEAR 3 SEX Male Caucasian April 19, 1898 70 BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8 MARRIED NEVER MARRIED (Oun'ry) Maryland Anne Arundel U. S. A. WIDOWED | DIVORCED | 1. NAME OF HOSP TAL OR INSTITUTION (If not in haspital 120 USUAL OCCUPATION (Kind of work done ID CITY OR TOWN OF DEATH 12b KIND OF BUSINESS OR Averteeloddrass undel Gen Hosp during most of work ag life even if retired) Annapolis 13e STREET AND NUMBER 13o USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 36 INSIDE CITY LIM TS? 13b ANNie Arundel Annapolis YES NO 321 Burnside St. 15, MOTHER'S MAIDEN NAME First 14. FATHER'S NAME AURA 16b. SOCIAL SECURITY NO 17 INFORMANT Yes, no, or unknown) (Wife) Lottie Hall, same address 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a)
Shock hours OUE TO, OR AS A CONSEQUENCE OF Septicemia (Gram negative bacillus) Conditions, if any, which gave 14 hours rise to immediate couse (o), OUE TO, OR AS A CONSEQUENCE OF Pyelonephritis, acute stating the underlying couse(2 days PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 Respiratory Urethral stricture, Diabetes mellitus, Heart failure, Convuisions, FUNERAL DIRECTOR: After this certificate has been 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 190. DATE OF OPERATION 20a AUTOPSY? CAUSES OF DEATH? Dec 4, 68 Vein cutdown for shock WE 21g ACCIDENT WAS UNDERLYING 121b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day (If either, natify medical examiner) 21d. INJURY OCCURRED
While Not while at work 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f LOCATION Street or R.F.D. No City or Tawn Соыпту State 22a. I certify that (I) (this hospital) attended the deceased fram December 41968, to Dec. 5, 1968, that (I) (we) last saw the deceased alive an December 5 19 68, and that in (my) (SW) apinian death accurred on the date and hour and fram the causes stated above, (1) (we) (did) (did net) view the bady after death. 22c DATE SIGNED 22b. SIGNATURE ATTENDING MED DIRECTOR Dec. 5. 1968 DEGREE ne ADDRESS 16 Murray Ave., Annapolis, Md. 22d PHYSICIAN'S NAME (Type) Charles W. Kinzer, M. D. 234 NAME OF CEMETERY OR CREMATORY 23d ALOCAT ON (City or Town) 23b DATE 230 BURIAL, CREMATION, REMOVAL (Specify) UND pohis 241 FUNERAL DIRECTOR Williams Judge DATE DEC 6



TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physican and competely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remaining and papers. Page 1 and 3 should be filled with the State Dept. of Health prior to buriol, cremation, ar removal, and in any event, within 72 hours of the region.

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

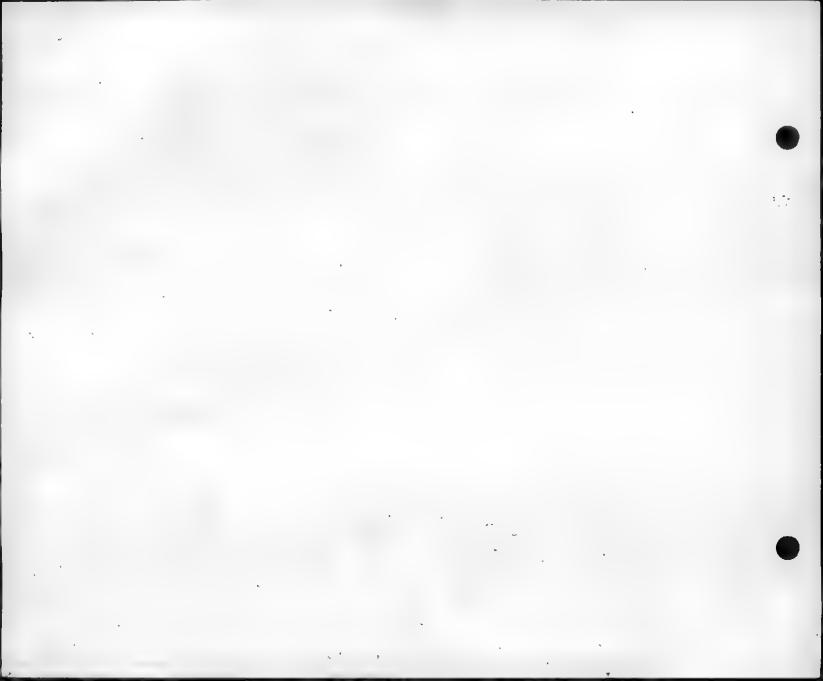
Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

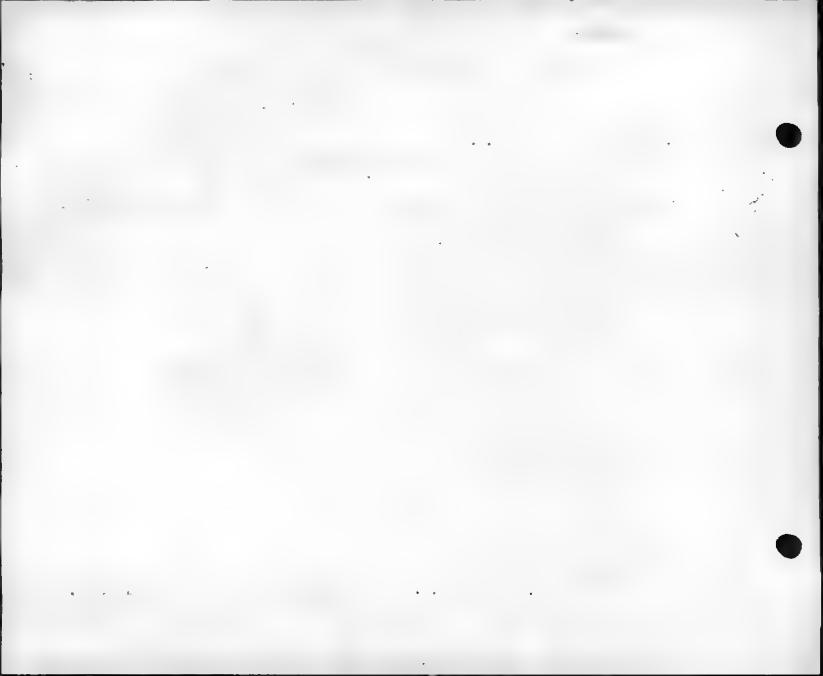
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

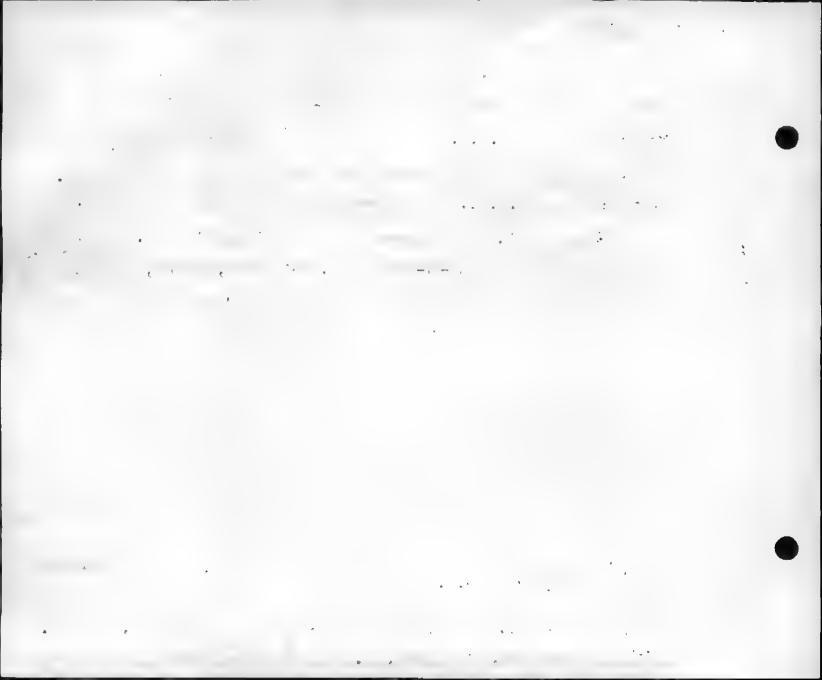
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	4									
		ECEASED-NAME First		Middle	Last	20.	DATE OF DEATH		2b	HOUR
1	(1	Type or pnnt) (1/1/4/1/6	2 11	LINKI	MERBACHE	50	Month	Day	year C	MM
- }	3. 5E		4. RACE	1/17/1/	5. DATE OF BIRTH		6. AGE (In y		IOER I YEAR IF UNDE	R 24 HRS.
1	3. 30					a. C.	lost birthdo	MONT		Milk.
		MALE	CAUC	MSIAN	5-31	-188	2 83	YRS.		
		BIRTHPLACE (Stote or foreign 75	b. CITIZEN OF WHAT COUN	TRY? 8. MARE	RIED 🔲 NEVER MARRIED	9 (0)	INTY OF DEATH			
	cour	MARYLAND	43.A		WED DIVORCED	A	DE ACUL	11/-1		11.1
	10 (CITY OR TOWN OF DEATH		OSPITAL OR INSTITUTION		tracel / / /	JPATION (Kind of wor		b. KIND OF BUSINES	mg.
		//	give street ode	fress)	(4) not at nospitor			etired.) IN	idustry	3 UK
	5	LEN BURNIE	N.A.S	CUNU. CO	ENTER	Piano	vorking life, even if r Tuner		Retire	d.
	130	USUAL RESIDENCE (Where deceosed	lived, if institution: Resi	dence before 13c. CIT		INSIDE CITY JIMITS?	13e STREET AND NUI		^	
	odm	ission) STATE ND.	136 COUNTY A.A	9,	YES	S NO 🔀	BOX 388 1	394511	OF KD.	
l	1.4	FATHER'S NAME First	Middle	Lost	15. MOTHER S MAIDE	M MAMC Frest		Aiddle	Lost	
			mmerbache				h Ruths	ilia di C	1031	
Į	oxdot					LZC DC U.				
	160	. WAS DECEASED EVER IN U.S. ARMED	FORCES? 16b. SOI	CIAL SECURITY NO.	17. INFORMANT			ddreds 00		
ı	'	Yes, not of unknown) (1) yes give war a			Mrs Mari	e Schn	eider Ba	y Sid ϵ	Pasad	ena
		IB. CAUSE OF DEATH (Enter only I	one rouse per line for to	(b) and (c))					APPROXIMATE INTER	AVAL.
ı		PART I. DEATH WAS CAUSED B	3Y: //		A	1 1.	1 -1	-	BETWEEN ONSET AND	DEATH
		LL 100 IMMEDIATE	CAUSE (o)	nony Cer	deresolo	exter 6	kay clas	core	1-4/lan	2
			DUE TO, OR AS A CON		1					
		Conditions, if any, which gave	(h) Ca	ediae	decomp	A. Marie	Annu		2 -clea	~2
		rise to immediate cause (o),(stating the underlying couse(DUE TO, OR AS A CON	ISEQUENCE OF					0	
		last.	(4)							
		PART 2. OTHER SIGNIFICANT CONDI	TIONS CONTRIBUTING TO	DEATH BUT NOT BELATI	CO TO THE TERMINAL DIS	TIACE OR CONDITE	ON CIVEN IN DARY I/-			
		L. O	HOMS CONTRIBUTING TO	DEATH BUT NOT KEEN	ED TO THE TEXAMINAL DIS	SEASE OR CONDITI	ON STRUCT IN PART OF	',		
	8	T201								
ı	CERTIFICATION	190. DATE OF OPERATION 195 CO	NDITION FOR WHICH OPER	ATION WAS PERFORMED	20a. AUTOPSY?		206. IF YES, WERE FI	NDINGS CONSID	ERED IN CERTIFYIN	G
I	Ě				YES 🗔	ио [₹]	CAUSES OF DEATH?			
ı	CER	21a ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21	IC HOW INJURY OCCURR	ED (Enter natura	e of injury in Part 1 a	r Port 2. Item	18.)	
	3	OR CONTRIBUTING CAUSE OF CEATH		Day Year			1.7	•	- /	
	MEDICAL	(If either, notify medical examiner		19						
	~	21d. INJURY OCCURRED 21e. PL	ACE OF INJURY (AT HOME, OFFICE BE	HILDING, ETC.	1f. LOCATION Street or	R.F.D No.	City or Town	Cai	unty	Stote
		While Not while at work of work			0				c/	
Ì		22o. I certify that (I) (this-	hospital) attended	the deceased from	Hame 10	_, 19.00.	to Nic. 1		_, that (I) (.v	ve) last
		saw the deceased aliv	e on Life	7 1968	and that in (my) (our) opinion	death accurred or	the date a	nd hour and fr	om the
			1) freeht felicht felich no	t) view the hadval	ter death.					
-		couses stated obove, (it (me) (nig) (nighto	1) 11011 1110 000) 01						
		22b. SIGNATURE	(I) (we) (ulu) (ulu-nu	17 11 -		470	CYAFF	22c DATE :	SIGNED /	
			(1) (WE) (010) (010-110	OP.	ATTENDING	MED DIRECTO	STAFF DHYS.	22c DATE :	SIGNED	
		22b. SIGNATURE	Langle Tangle	OP.	DEGREE PHYS.	DIRECTO	STAFF PHYS.	22c DATE :	SIGNED 9/68	
		22b. SIGNATURE	Langh	Li.	ATTENDING	DIRECTO	PHYS. L	22c DATE:	SIGNED S	
		22b. SIGNATURE 22d. PHYSICIAN'S NAME (Type) 7. 121	Janylor Me La	lin ughlin	DEGREE ATTENDING PHYS. 22e. ADDRESS	Pada	elessa,	12/ Med.	9/68	
	230	22d. PHYSICIAN'S NAME (Type) BURIAL, CREMATION, 23b DAT	: She Lac	Lander OF CEMETER	DEGREE ATTENDING PHYS. 22e. ADDRESS	Pada 23d	LOCATION (City or To	12/ /// wn) (Co	9/68 nunty) (Stat	e)
	E	22d. PHYSICIAN'S NAME (Type) BURIAL, CREMATION, 23b DATE REMOVAL (Specify) REMOVAL (Specify) 1.2/	Janylor Me La	Lander OF CEMETER	DEGREE PHYS. 22e. ADDRESS OR CREMATORY 1 Cemeter	Pada 23d	LOCATION (City or To Woodlawn	2- Wal Mary	g/68 ounty) (State	e)
	E	22d. PHYSICIAN'S NAME (Type) BURIAL, CREMATION, 23b DAT	: She Lac	Woodlews, ADDRESS	DEGREE ATTENDING PHYS. 22e. ADDRESS Y OR CREMATORY 1 Cemeter; 22c.	23d y . REC'D BY REGI	LOCATION (City or To WOODLAWN STRAR 25b. REI	12/ /// wn) (Co	g/68 ounty) (State	0)
	E	22d. PHYSICIAN'S NAME (Type) BURIAL, CREMATION, 23b DATE REMOVAL (Specify) REMOVAL (Specify) 1.2/	: She Lac	Woodlews, ADDRESS	DEGREE ATTENDING PHYS. 22e. ADDRESS Y OR CREMATORY 1 Cemeter; 22c.	Pada 23d	LOCATION (City or To WOODLAWN STRAR 25b. REI	2- Wal Mary	g/68 ounty) (State	e)



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1685% CERTIFICATE OF DEATH DECEASED NAME First Middle 2g. DATE OF DEATH and 2 death. Lost 26 HOUR A requires that the death certificate be executed within 24 haurs after death. (Type or print) Month HARDER Earle Shadele December 10:30 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years OF UNDER I YEAR last_birthday) White October 26, 1900 Male 7a BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED K NEVER MARRIED Anne Arundel U.S. DIVORCED [Pennsylvania WIDOWED [11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Dead on arrival Anne Arundel Gen. Hospital 10. CITY OR TOWN OF DEATH 12a LSUAL OCCUPATION (Kind of work dane 12b KIND OF BUSINESS OR during mast at working ite, even if retired) INDUSTRY Annapolis 13a USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c, CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER 13b. COUNTY YES V 650 Americana Drive Arundel Annapolis 14 FATHER'S NAME FIRST Middle 15 MOTHER'S MAIDEN NAME First Last UNK 160 WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMAN' Address Yes, na, ar unknown) (III yes give war or dates of service) APPROX MATE INTERVAL IB CAUSE OF DEATH (Enter any one cause per loge for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave t burial-transit nse to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been as the 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO KX YES F far use the haspital ar 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) GR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Day Year (If either, natify medical examiner) detached 21d INJURY OCCURRED 216. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY) 21f LOCATION Street or R.F.D., No. City or Town County State While that while at wark 220. I certify that (I) (this hospital) attended the deceased from. 19.66, to saw the deceased alive an _ 12/10 _19.6C, and that in (my) (aur) opinion deoth occurred on the date and haur and from the causes stated above (1) (we) (did) (did nat) view the bady after death 22b. SIGNATURE 22c. DATE SIGNED DEGREE DIRECTOR 22d PHYSICIAN'S 22e ADDRESS NAME (Type) John L. Hedeman, M.D. 1407 Forest Drive, Annapolis, Md. director, I shauld be 23b DATE BURIAL, CREMATION 23c NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) DATE DEC 1





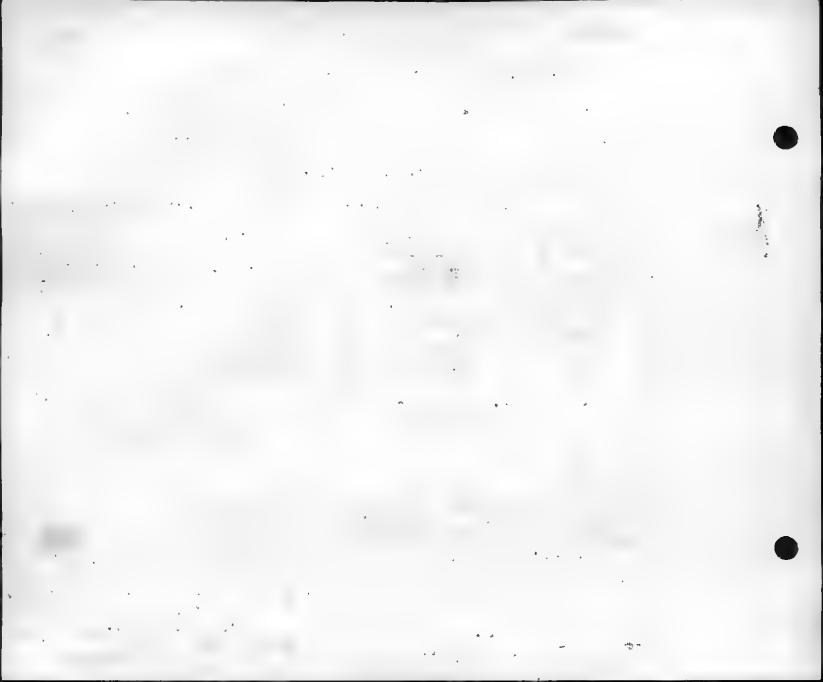
DIVISION OF VITAL RECORDS, 301 W, PRESTON STREET, BALTIMORE, MARYLAND 21201 16864 CERTIFICATE OF DEATH DECEASED-NAME Farst Middle Lost 2g. DATE OF DEATH 26 HOUR p death. (Type or print) HARMON December Month 12 Day 968Year Edna M 3 SEX 4. RACE 5 DATE OF BIRTH 6. AGE (In years IE JINDER 1 YEAR IF UNDER 24 HRS. ZSUCH Female last birthdoy) Cauc. 9. COUNTY OF DEATH 70 BIRTHPLACE (State or foreran 7b CITIZEN OF WHAT COUNTRY? 8. MARRIED country) < WIDOWED DIVORCE within 72 11 NAME OF ROSPITAL OR INSTITUTION (If not in hospital 10 CITY OR TOWN OF DEATH 120 LSUAL OCCUPATION (Kind of work done 125 KIND OF BUSINESS OR executed within during most of working life, even firstired.) INDUSTRY herrsem event, 13o USUAL RES DENCE, (Where deceased lived, if institution, Residence before 13c, CITY OR TOWN 38 INSIDE CITY JIMITS? 13e STREET AND NUMBER JOB COUNTY odmission) STATE YES 🗀 NO and in any 14 FATHERS NAME Middle IS MOTHER'S MAIDEN NAME First Last Middle Lost please 16a. WAS DECEASED EVER IN U.S. ARMED FORCES?
Yes, na, ar unknavyn) (Uryes grvetivar ar dates af service) T6b SOCIAL SECURITY NO. 17 INFORMANT Address ar remayal, the attending hy sit permit. Then requires that the death cer 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Heart failure 2 weeks crematian, many DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Arteriosclerotic cardiovascular disease Conditions, if any, which gave) years rise ta immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse last 4 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBLING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION G VEN N PART (0) Pneumonia, Chronic brain syndrome, decubital ulcers, Aortic stenosis. as the prior tal Page 4 may be retained by the haspital ar attending I FUNITY INECTOR: After this certificate has lieen 19n, DATE OF OPERATION 195. CONDITION FOR WHICH OPERATION WAS PERFORMED. 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20n AUTOPSY? CAUSES OF DEATH? USe YES [NOXXX 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.1 far OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year detached f te Dept. af 1 (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d, INJURY OCCURRED City or Town County Stote While Nat while at work 22a | certify that (1) (this hospital) attended the deceased from 162y 15, 1951, to 100 12, 1958, that (1) (we) last saw the deceased alive an 100 cember 6, 1968, and that in (my) (obr) opinion death occurred on the date and hour and from the causes stated obove, (1) (***) (***) view the body after death. did not 22b SIGNATURE 22c. DATE SIGNED MED DIRECTOR December 13,1968 , page 3 be filled DEGREE 22 ADDRESS Turray Avenue, Annapolis, Md. 21401 Charles W. Kinzer, M. D. director, p 23c NAME OF CEMETERY, OR CREMATORY 230 BURJAL CREMATION, 23b DATE 23d. LOCATION (City or Town) (County) (State) RMOVAL (Specify) (24. FUNERAL DIRECTOR VR A15 (4) Otherway Judge MYDARTEC 23 30M REV, 1/68 Laurel







DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16857 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 2a, DATE OF DEATH 2b. HOUR ATTENDING PHYSICIAN: The low requires that the death certificate, be executed within 24 haurs after death (Type or print) Hemphil1 Joshua 4 RACE S. DATE OF BIRTH IE LINDER 1 YEAR IF LINDER 24 HRS. 3. SEX 6. AGE (In years last buthday) MONTHS OLYS 9/18/87 Mal& Negro signed by the attending physician and completely filled in by burial-transit permit. Then please remave carban papers. Peburial, cremation, at remaval, and in any event, within 72 haurs 7o. BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED 1 NEVER MARRIED WIDOWED [T] DIVORCED [Anne Arundel South Carolina US completely filled IG. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If mat in haspital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR grve street address) Crownsville State Hospital during mast of working life, even if retired) INDUSTRY Crownsville 13a, JSUAL RESIDENCE (Where deceased lived, if institution. Residence before 113c, CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER 13b. COUNTY admission) STATE NO [Baltimore 1808 Rulland Avenue Maryland 14. FATHER'S NAME Last IS. MOTHER'S MAIDEN NAME First M.ddle Last Barber Hemphill Ruth Charles WAS THE SECURITY OF 9 017 INFORMANT 16g WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, ng. ar unknawn) Hospital Records, Crownsville, Maryland 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
PART I DEATH WAS CAUSED BY. BETWEEN ONSET AND CEATH Pneumonia IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave t rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital ar attending physician. stating the underlying cause caralio solulos dusaja PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) has been Bilateral cataract; chronic brain syndrome Beniew iscitet a be detached far use as the State Dept. af Health priar ta CERTIFICATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a, AUTOPSY? 19g, DATE OF OPERAT ON CAUSES OF DEATH? YES 🔲 NO T O FUNERAL DIRECTOR: After this certificate 21g. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 215 TIME OF INJURY OR CONTRIBUTING CAUSE OF GEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY) 21f LOCATION Street or R.F.D. No. 21d. IN. JRY OCCURRED City or Town County State While Not while at work 220. I certify that (I) (this haspital) attended the deceased from 1/8, 19.68, ta 12/, 19.68, that (I) (we) last saw the deceased alive an 12 19.6, and that in (my) (our) opinion death occurred an the date and haur and from the director, page 3 shauld shauld be filed with the couses stated above, (1) (we) (did) (did not) view the body after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING 12/9/68 DEGREE PHYS DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) Crownsville State Hospital, Maryland 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a, BJRIA, CREMATION 23b. DATE (County) REMOVAL (Specify) Blackston S.C. Tahor LA ERAL DIRECTOR **ADDRESS** VR A15 (4) 30M REV, 1768



16846

be presented within 24 haurs after death.

TO HINSPITAL OR ATTINITING PHYTICIAN: The law requires that the death certificate

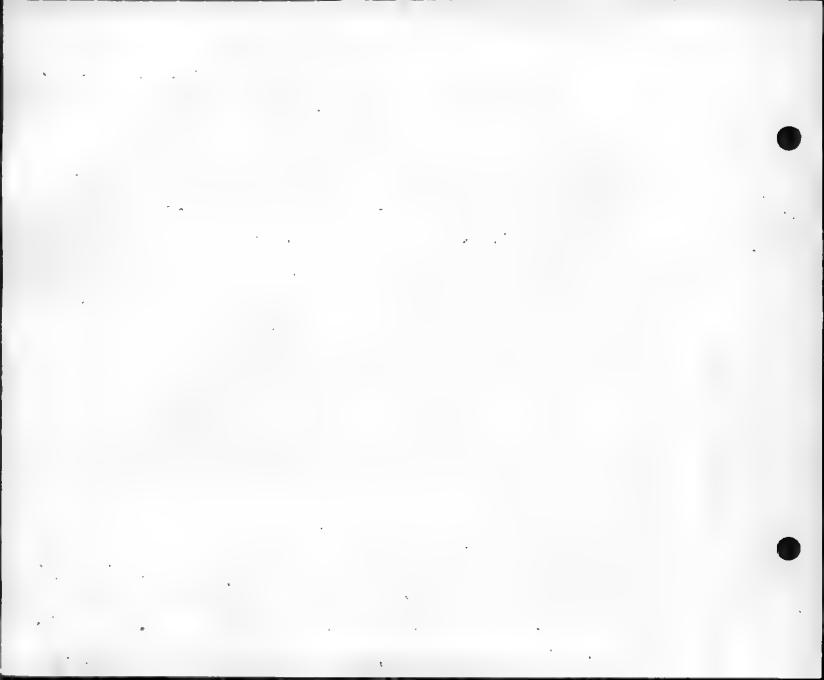
Pag 4 may be retained by the haspital or atten in physician.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

LOOK	1. E. J.			ERTIF	ICATE OF	DEATH			1	6858	
1 DECEASED-NAME	First		Middle		Lost		2a DATE C				2b. HOUR
(Type or print)	MARGA	RET		H.	IC KMAN			Dec.	29	19 68	6AN
3 SEX		4 RACE			S DATE OF	BIRTH		6. AGE (In		IF UNDER + YEAR	IF UNDER 24 HRS.
female		caue	•		Oct.	8, 1876	5	lost birthd	YRS.	MONTHS DAYS	HOURS MIN
70. BIRTHPLACE (Sto		76. CITIZEN OF WI	HAT COUNTRY?	8 MARRII WIDOW	ED NEVER MA	RRIED S	Anne	F DEATH Arunde	L		Md
10. CITY OR TOWN (-		AME OF HOSPITAL OR INS street oddress) nne arunde		if nat in haspital			k (Kind of wo g ife, even if Or Ked		126 KIND OF E	
admission) STATE	KE (Where deceos aryland	LIBE COHNTY	ion: Residence before		or Town Swater	13d. INSIDE CITY LIM YES NO		STREET AND NU Rt 1 —		y on th	е вау
14. FATHER'S NAME	First	Middle	tos)		15. MOTHER'S A	AAIDEN NAME Fir	rst		Middle		Lost
	Milton	N.	Campbell			Angelin	ıa			Wissl	er
160. WAS DECEASED Yes, no, or unkno		MED FORCES? var or dates of service)	16b SOCIAL SECURITY N	10 1	7. INFORMANT			A	ddress		
res, no, or unkno	TWIT!		214-54-88	45	Edgar	M. Hick	onan –	SARA :	s 71	3 above	
	DEATH WAS CAUSE	D BY: ATE CAUSE (a)	ne far (a) jb), and (c)	al	thron	louis					LATE INTERVAL ISET AND DEATH LUCK
	any, which gave) diate cause (a),		AS A CONSEQUENCE OF	al o	erterio	cclero	ui			Year	~
	stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF										
1 1	R SIGNIFICANT COI	NDITIONS CONTRIBU	TING TO DEATH BUT NO	OT RELATED	TO THE TERMIN	AL DISEASE OR CO	ONDITION GIV	/EN IN PART 1(2)		
190. DATE OF O	PERATION 19b.	CONDITION FOR WH	ICH OPERATION WAS PE	RFORMED	20a. AUT YES			IF YES, WERE F ES OF DEATH?	INDINGS CO	ONSIDERED IN CE	RTIFYING
S OR CONTRIBUT	WAS UNDERLYING CAUSE OF OFAT	HOUR A.M.	FINJURY Month Doy Yeor		HOW INJURY O	CCURRED (Enter	noture of in	jury in Port 1 c	or Part 2, 1	tem IB)	-
While No		PLACE OF INJURY	(AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	TORY.) 21f	LOCATION Str	eet ar R.F.D. No.	Cit	ly or Town	A	County	State
22a. l cert	ify that (I) (th	is hospital at live an e, (I) (we) (aid)	ended the decease	ed from. 968, body aft	ond that in (r er death.	ny) (our) opin	ian death	accurred o	7	te ond hour o	(I) (we) los and from the
22b. SIGNATUR	villa	dF	Pnitte	D	ATTEND EGREE PHYS.	JAQ DII	ED. RECTOR	STAFF C	220 0	TATE SIGNED	168
22d. PHYSICIA NAME (Ty		ard F	Smith,	MI	22e. AD	ORESS 5	Traly.	Side,	Ma	ryland	1_
23a BURIAL, CREMA	Burial	DATE 1/1/69	Columb		or crematory	eme terv	Colu	IION (City or To	nace	(County) Schen	(Stote) Va.
24 LINERA DIRECT		HOME - A	ADDRESS Annapolis	Nd.	7=7	DATE DEC	REGISTRAR	2Sb. RE	GISTRAR'S	SIGNATURE	dge.

TO FUNITAL DIRECTOR: After this certificate has bean signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers: Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A15 (4) 30M REV. 1/68



	1		ND STATE DEPARTMENT OF H		
1	16847 DIV		, 301 W. PRESTON STREET, BALTI	MORE, MARYLAND 21201	16859
	-		CERTIFICATE OF DEATH	· · · · · · · · · · · · · · · · · · ·	
를 ^무 음력	1 DECEASED-NAME First (Type or print) 264 2 4	Middle	Last	20 DATE OF DEATH	2b. HOJRp
dec dec	(Type or pripr) Mildred		HOSTER	December 12	1968 6:20 M
ter fer fer		RACE	5 DATE OF BIRTH	6. AGE (In years	IF UNDER LYEAR IF UNDER 24 HRS MONTHS DAYS HOURS M. N.
A a a a a a a a a a a a a a a a a a a a	Female	White	August 1, 19	12 lost birthdoy) YRS	WOULDS DATE HOURS W. H.
Pho Pho	7o. B.RTHPLACE (State or foreign 7b. Country)	ITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
d in being	Illinois	U.S.	WIDOWED DIVORCED	Anne Arundel	Md.
xecuted within 24 haurs after death completely filled in by the funeral nave carban papers. Pages, I and 2 ny event, within 72 hours after death.	10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR IN	STITUTION (If not in hospital 12a. USUA	OCCUPATION (Kind of work done	126 KIND OF BUSINESS OR
, Aith San	Annapolis	Anne Arunde	1 Gen. Hospital during my	DUSEWITE	INDUSTRY/
ent,	13o. USUAL RESIDENCE (Where deceased live	ed, if institution: Residence before	13c. CITY OR TOWN 13d. INSIDE CITY LIN	NITS? 13e STREET AND NUMBER	
executed ind comple smave can any event	odmission) STATE 13	Anne Arundel	Annapolis YES NO	Rt-3, Holly B	Beach Farm
e executed and complet remave car	/ 14 FATHER'S NAME First	Middle Lost	IS. MOTHERS MA DEN NAME FI	rst // Middle	Lost
De D	FREDERICK	K. LAWRENC	E_	"UNK"	
that the death certificate be executed with an. by the attending physician and completely transit permit. Then please remave carban crematian, ar remaval, and in any event, with	16g. WAS DECEASED EVER IN U.S. ARMED FO Yes, no, or unknown) 1 (If yes give war or dat			Address	
사 했 한 등	765, HO, OI UHKIIOWII)	es 01 3614/CB)	THEODORE G.	HOSTER # /3	•
	18. CAUSE OF DEATH (Enter only one	couse per line for (a), (b) and (c	1) 1 - 3 - 1 1	4	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ath ii. ir re	PART I. DEATH WAS CAUSED BY. IMMEDIATE CAI	KE (a) Continu	mal obstruct	nm'	10dan.
ne death attendi permit. ian, ar r		DUE TO, OR AS A CONSEQUENCE OF			. /
the attempt the sit punation	Conditions, if ony, which gave	1 Melant	ater ovarian	Carcinonia	1/4s+
that an. by t trans crem	rise to immediate cause (a), (stating the underlying cause (DUE TO, OR AS A CONSEQUENCE OF			1
es les les les les les les les les les l	last.	(c)			
requires that the death 3 physician. 1 signed by the attendin 1 burial-transit permit. 2 burial, crematian, ar re	PART 2 OTHER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMINAL D SEASE OR CO	ONDITION GIVEN IN PART 1(0)	
ng ng en s	z /750				
AN: The law requires of ar attending physici icate has been signed far use as the burial-Health priar ta burial.		JON FOR WHICH OPERATION WAS P	ERFORMED 20a. AUTOPSY?	20b IF YES, WERE FINDINGS CO	ONSIDERED IN CERTIFYING
The attraction attraction and attraction att	12-8-68 CUL	impt by con	ect of st YES NO DE	CAUSES OF DEATH?	
ate leal		216 ME OF INJURY	21c HOW INJURY OCCURRED (Enter	nature of injury in Part 1 or Part 2, 1	tem 18)
af free free free free free free free fr	COR CONTRIBLTING CAUSE OF CEATH (If either, notify medical examiner)	HOUR A.M Month Day Year P.M	19		
ATTENDING PHYSICIAN: stained by the haspital ar CTOR: After this certificate shauld be detached far uith the State Dept. af Healith the State Dept. af Healith the State Dept. at Healith the State Dept. at Healith the State Dept.	ZId INJURY OCCURRED 218, PLACE	OF INJURY (AT HOME FARM, STREET, FA	ACTORY.) 21f LOCATION Street or R.F.D. No.	City or Town	County State
this the better the De	While Not while of work	torice anicomo, cit			
JING by t fter fter be c Stati	22a. I certify that (I) (this has	spital) attended the deceas	sed from 12-7-, 19 6	28, ta 12-12, 19	68, that (1) (we) last
ed led led le S	saw the deceased alive o	$\frac{1}{\sqrt{2}}$	19 6 Fand that in (my) (aur) opin	nian death occurred an the da	te and havr and fram the
Tie Set	22b. SIGNATORE	(we) (d'd) (dyd nat) view the	booy after death.	DD 6	DARK CLOUPS
OR ATTENI be retained DIRECTOR: A je 3 shauld ed with the	20 30 1200	Poll-	MEGREE PHYS. MI		DATE SIGNED 12-13-68
	22d PHYSICIAN'S	- armer for	22e. ADDRESS	RECTOR L PHYS L	2-13-00
RAI RAI		. Palmer, M.D.		ral St., Annapoli	s. Md.
TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the haspiral ar TO FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached far us shauld be filed with the State Dept. of Healt	230 BURIA, CREMATION, 23b DATE		CEMETERY OR CREMATORY	23d (OCATION (City or Tawn)	(Caunty) (State)
O KO Page O FUN direct		7-68 Onk	1110 A C	111000	(Cooling)
	24 FANERAL DIRECTOR	ADDRES	S 250 RECD BY	REGISTRAR 2Sb. REGISTRAR'S	SIGNATURE
VR A15 .4) 45M - 1/69	John M For fort	Jan Ornico	olis, Mdo DATE DEC		was Queles
	(H	1010		V 10 1000	



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Last 2a DATE OF DEATH 2b. HOUR Midd e First DECEASED-NAME and 2 death. death. 1968 Month (Type or print) 1:15/11 Isaac Dec. Annie IF UNDER YEAR IF UNDER 24 HRS. 5 DATE OF BIRTH 6. AGE (In years after 3. SEX 4 RACE DAYS lost birthdoy) MONTHS T HOURS Mar. 10. female cauc. 24 hours 9 COUNTY OF DEATH 7o BIRTHPLACE (State or fore an 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED TO NEVER MARRIED filled m/ country) ban papers within 72 h WIDOWED To DIVORCED | Maryland Anne Arundel USA 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH during most of working life, even if retired) INDUSTRY give street oddress) please remaye carban 59 Rol-Park Trailer Village own home Millersville completely 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13d INSIDE CITY JIM TS? 13e STREET AND NUMBER and in any event, 13c CITY OR TOWN odmission) STATE Millersville YES T 59 Rol-Park Trailer Village Arundel rvland 15. MOTHER S MAIDEN NAME First requires that the death certificate be exe Last 14 FATHER S NAME First Middle physician and Rebecca Catterton John unknown 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Yes, no, or anknown) (If yes give war or dates of service) Margaret B. Clinton - same as #13 abov e 220-22-5165 no 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c)) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 3 weeks permit. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the Conditions, if any, which gove) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause by the haspital ar attending physician. lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate las been be detached far use as the State Dept. af Health priar ta 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🖂 NO K 2)a ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year P.M. (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME FARM, STREET FACTORY) 21f LOCATION Street or R.F.D. No. State 21d. INJURY OCCURRED City or Town County While Nat while at wark 18, 1964, to Dec 8, 1968, that (11) (we) lost 22a. I certify that (ID (this hospital) estended the deceased from Many saw the deceased olive on 1964, and that in 19 62, and that in (my) (our) opinion death occurred on the date and haur and from the O HOSPITAL OR ATTEND Page 4 may be retained director, page 3 should should be filed with the couses stoted above, (1) (we)(did) (did not) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE **ATTENDING** MED. DIRECTOR STAFF 20 DEGREE PHYS. PHYS 22e. ADDRESS 22d. PHYSICIAN S NAME (Type) 23d LOCATION (City or Town (State) NAME OF CEMETERY OR CREMATORY (County) 23b. DATE 230 BUR AL, CREMATION REMOVAL (Specify) Odenton Nichols Bethel Com 2So. RECD BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 30M REV 1758 HOPPING FUNERAL HOME Annapolis



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

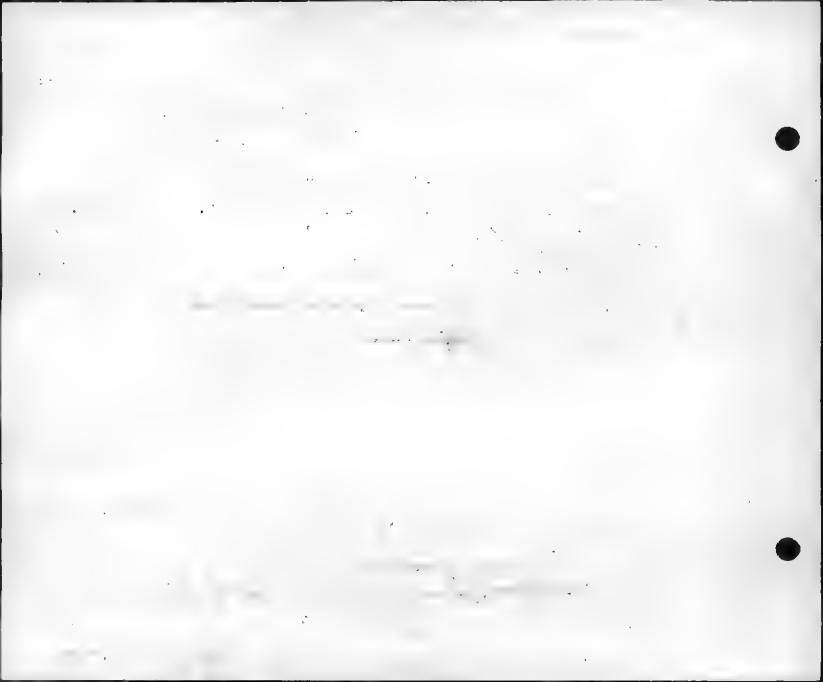
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	MARYLAND	USA	WIDOWED [LANNE ART			M
	Y OR TOWN OF DEATH	give street oddre		during m	AL OCCLPATION (Kindost of working life,		12b. KIND OF B INDUSTRY	BUSINESS OR
	LEN BURNTE	osed lived, if institution, Reside	H ARUNDEL HO		ABORER	AND NUMBER		
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	MARYLAR				RT 3	MILLSTO	NE RD.	
4 14	THERS NAME First	Middle O	lost 15	MOTHER'S MAIDEN NAME	16-1	AMUC	een	Last
da 4	WAS DECEASED EVER THUS A	RMED FORCES? 166 SOCIA	L SECURITY NO. 17 II	IFORMANT	1	Address	1	22 10
	9 ED 1/41	water gradules of service)		rances	assa	e Ban	M-W	CONTO
1	PART I. DEATH WAS CAUS		61 .	0 000	2" D. A			NATE INTERVAL NSET AND DEATH
	4360 IMMED	This close (d)	elero Versi	unin ac	<u>unun</u>			
	Canditions, if ony, which gave	DUE TO, OR AS A CONSE						
	ise to immediate cause (a)	(b) 13-42-3						
	toting the underlying cous		QJENCE OF					
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		ONDITIONS CONTRIBUTING TO DE	ATH BUT NOT RELATED TO	THE TERMINAL DISEASE OR	CONDITION GIVEN IN	PART I(o)		
z	2.1x							
CERTIFICATION	9a, DATE OF OPERATION 19	b. CONDITION FOR WHICH OPERAT	ION WAS PERFORMED	20c AUTOPSY?		WERE FINDINGS CO	NSIDERED IN CE	RTIFYING
130				YES NO	CAUSES OF I	DEATH?		
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	OR CONTRIBUTING CAUSE OF D	EATH HOUR A.M. Manth	Day Year	The state of the s	a more of which we			
	If either, notify medical exact 21d INJURY OCCURRED 21		19	CATION CONTRACTOR	C14 T			Stote
	While Not while twork	e. PLACE OF INJURY (AT HOME, FA	OING, ETC.	LATION STREET OF K.F D. NO	o. City or To	ıwn	County	21016
a	t work at work			1 (10)			7 15	
- [4	22a. I certify that (I) (1	this haspital) attended th	e deceased from	11-17 , 194	2 , ta	2-4, 19-	CP, that	(I) (we) los
	saw the deceased	alive on 12- ve, (I) (we) (did) (did nat)	IY G/f , and	that in (my) (our) op	inion death occu	rred on the dot	e ond haur a	and from th
Ŀ	22b SIGNATURE	ve, (i) (we) (aia) (aia iiai)	view life body offer a	eum.		90-0	ATE SIGNED	
ď	ZD SIGNATURE	5/1. 10 1	inner N Daga		WED ST/	AFF — 1		- 8
-	O L DUVERGUANTE	axumb C- A	Mary 1 29 K	E PHYS. C	DIRECTOR PH	12 0 7	2-4-	60
	PHYSICIAN'S NAME (Type) 1500	Relieves Only	rudo CRAH	10 //	choosely a	22 2/2/	D 40	
23a.	BURIAL, CREMATION. 236	DATE 23c	NAME OF CEMPTERY OR	CREMATORY	23d JOCATION (6	(was Topin)	(County)	(Store)
1	REMOVAL (Spenty)	2.9-1968	3 al To	Matt.	15ac	UMICZ	e de	1/2
24 F	UNERAR DIRECTOR	2	ADDRESS	E A J . 6 /		2Sb REGISTRAR'S S	SIGNATURE	
11/1	Hannk	leal#(1)	1666	WEC 6	1968	genance	Marge	A.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filted in by director, page 3 should be detached for use as the burial-transit permit. Then please remave carban papers—Page should be filed with the State Dept. at Health priar to burial, crematian, ar removal, and in any event, within 72 haurs

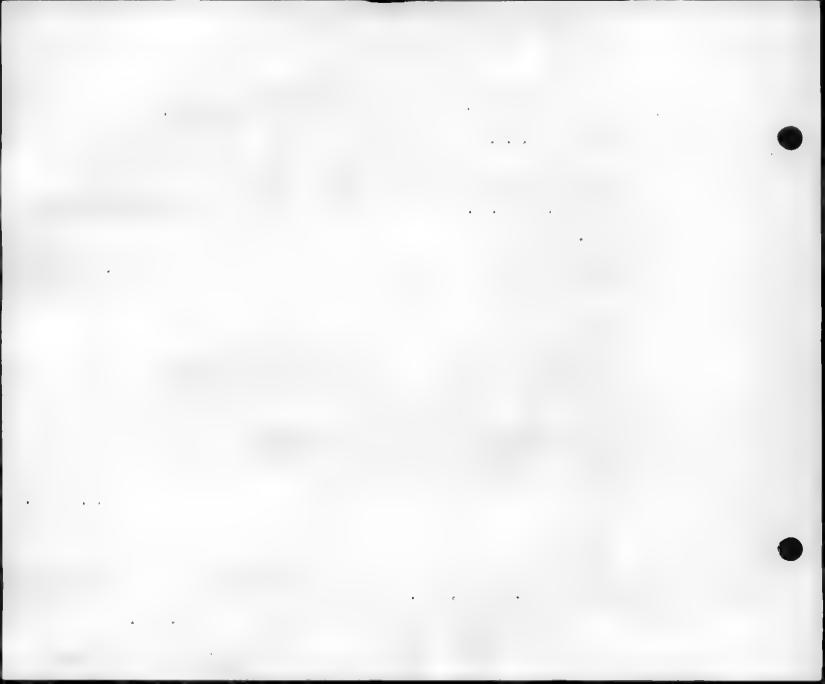
VR A15 (4)

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed withing

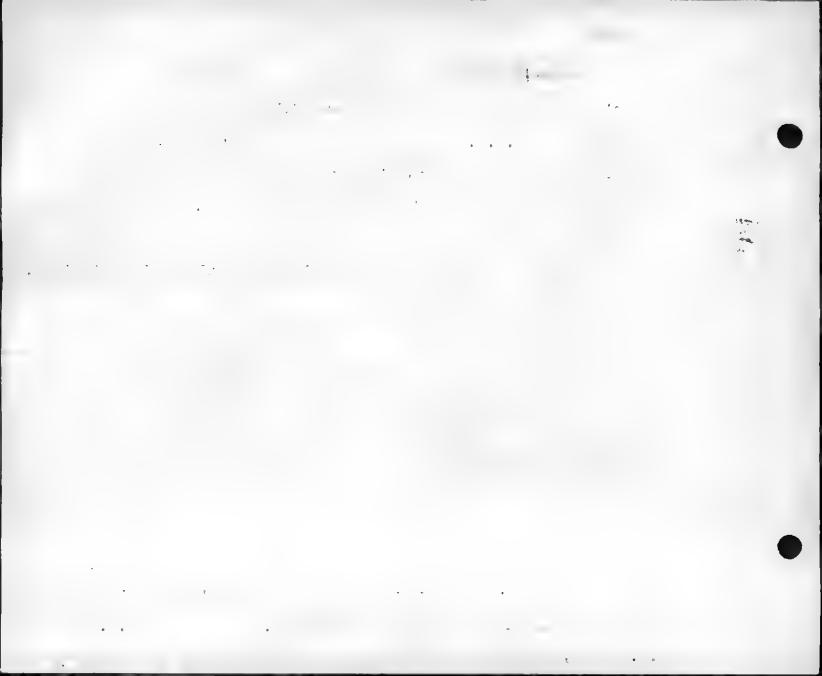
Page 4 may be retained by the haspital ar attending physician.



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COD CTATE	Ιt	em 13 Film 400	OF VITAL RECORD	S 301 W. PRESTO	N STREET, BALTIMOR	RE, MARYLAND 21201	4	0000	
FOR STATE		CEASED NAME 1885	MEDICAL E	Middle	Last	DEATH		6962 Year 25 HO	allo
10.00		ype or Print)				2a DATE KNOWN OF ESTI-			
d 3 to 13 to Page	3 5	X A RACE	S DATE OF BIRTH	CHRISS 6 AGE (in years		DEATH MATED NOTE 24 HRS 2c DATE PRONOUN		28 1968 9:	
9 cm & 3			July 15,		MONTHS DAYS HOU	RS Manth_	Day 20	Year 1968 9:	
		Male White	6 CITIZEN OF WHAT COUR	77	RRIED NEVER MARRIED	9 COUNTY OF DEATH		1700 1 9:	3/0
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	10	TY OR TOWN OF DEATH		HOSP TAL OR INSTITUTION	N (Finot in haspital 12	2a USUAL OCCUPATION (Kind of	work dane 112b	KIND OF BUSINESS OF	R
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thours Item 11 Office Office after d	14 1	ATHER S NAME First	Middle 1	Last	IS. MOTHER'S MAIDEN NA		M.ddle	Last	
24 in lin lin les les l	_	Malcon H. Ive			Mildred A				
within 24 pencil in caminer's le poges 72 hours		WAS DECEASED EVER IN U.S. ARMED F. es, ng, or unknown) (fyes give v	or or dates of service) 166 50	CIAL SECURITY NO	17 INFORMANT		RESS	T) - T 4.4	
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shauld be executed wir s word "pending" in pe the Chief Medicol Exar urial-transit permit File in any event within 72		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED		a), (b), and (c).)			-	BETWEEN ONSET AND DEATH	Н
ding ding fedi perr		952V IMMEDIA	TE CAUSE (a) DUE TO, OR AS A CO	Hanging					_
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Chi Chi		rise to immediate cause (a), (stating the underlying cause (DUE TO, OR AS A C	ONSEQUENCE OF					
shauld be e te word "per o the Chief ! burial-transit		lost.	(4)						
		PART 2 OTHER SIGNIFICANT CONDI	TIONS CONTR BUTING TO	DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE	OR CONDITION GIVEN IN PART I(0)		
KAMINER: This certificate to the certificate, writing the get should be forwarded to your files as should be used as a termotion, or removal, and	=	974X							
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This icote, be for d be to or rer	RTFB							YES NO]
丰 平 9		21a. EXTERNAL CAUSE WAS PRIMARY [] OR CONTRIBUTING [216 TIME OF INJRY	Month, Doy, Year	21c HOW INJURY OCCURRE	D (Enter noture of injury in Port	I or Part 2, Item ?	8.)	
INER: te certifi should files 3 should	MEDICAL	PRIMARY Q OR CONTRIBUTING CAUSE OF DEATH 21d Noury Occurred 21e P	1 9 - 3 0 P.M.	12 28 ¹⁹ 68	Subjection Street or R.F.D	t hanged himse			
the the 4 st ur find ur find semo	~		tary, office building, etc.)	e, rarm, street,	SIT FORMION SILESI OF K.F.P.	No Cty or Town	((aunty Stot	1.6
13 5 97 6			Institu	tion	Jossup	**	A	A Md	_
Ty place execute the cert y, please execute the cert eral director. Page 4 should be retained for your files tal DIRECTOR: Page 3 shouprior to buriol, cremotron,		220 certify that I to	_				Inquiry [_],	and in my apin	Ign
director. Prairie director. Prairie director. Prairie director. Prairie director. Prairie director.		death resulted from:	Natural causes	Accident [_],		nicide [], Undetermine	a manner		
Ple die		ACTUAL ACTUAL	AFVU	1/3-		MEDICAL EXAMINER S	22b. DATE SIGN	IED	
5		SIGNATURE EXAMINER'S				EDICAL EXAMINER		29/68.	
o DEPUTY SICAL E		MAME (Time)	d F. Wilson	. M.D		Street, city tawn, or county)		The second secon	
Te for	230	BURIAL, CREMATION, 23b.	DATE	23c NAME OF CEMETER		23d LOCATION (City or		nty) (State)	
•	Bu		/2/69		emer Cemeter	y Balto.	, Md.		
	24	FUNERAL DIRECTOR Schim	unek Funera		1	4 A B B and	REGISTRAR'S SIGN		
VR A15ME (5,) 10M REV 1768		٠ ــــــــــــــــــــــــــــــــــــ	Brehms Lane	21213	DATE	JAN 1 1969	Jelianla	o judge	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16863 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle Last 2a. DATE OF DEATH 2b HOUR cecuted within 24 hours after death (Type or print) ohnsch 3 SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR lost birthdoy) MONTHS June 12,1899 Female Negro YR5 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) U.S.A. WIDOWED | DIVORCED | Arkansas Anne Arundel County 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (if not in hospital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.) Annapolis Anne Arundel General 13o USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY JM TSP 13e STREET AND NUMBER 13b. COUNTY West River 14 FATHER'S NAME Middle Lost IS MOTHER'S MAIDEN NAME First Middle LOST Unkn Unkn David NMN Nace 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17. INFORMANT Address PHYSICIAN: The law requires that the death certifical Yes, no, or unknown) (If yes give war or dates of service) 430-09-1387B Leslie Owens Rtl Bx 33 West River APPROXIMATE INTERVAL BETWEEN DASET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b) and (c) PART 1 DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF (anditions, if any, which gave) buriol-tronsit rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) be retained by the hospital or attending O FUNERAL DIRECTOR: After this certificate has been 196, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? for use Health p 210. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18) DR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No 21d. INJURY OCCURRED City or Town County Stote While Not while 22a. I certify that (I) (this haspital) attended the deceased from... 1601 saw the deceased alive on..... _1968_, and that in (my) (our) opinion death occurred on the date and hour and from the causes, stated-above, (1) (we) (did) (did not) view the bady after death. 22b, SIGNATURE 22c DATE SIGNED ATTENDING director, page 3 should be filed v DEGREE PHYS. DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) F. Smith, M. D. Shadyside, Maryland, 230 BURIAL CREMATION, 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) REMOVAL (Specify) House of Prayer Mem. 24 FUNERAL DIRECTOR 250 REC D BY REGISTRAR 2Sb REGISTRAR'S S GNATURI VR A15 (4) C.E. Hicks, 111 Annapelis, Md DATE DEC 16 196B



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please tempare carbon papers. Pages 1 and 2 shauld be filed with the State Dept. of Health prior to burial, cremation, or remaval, and in any event, within 72 hayrs after death.

VR A15 (4) 30M REV. 1/68

TO HOLPITAL OR ATTENDING PHYSICIAN: The law requirem that the death certifinate be executed within 24 haurs after death.

Page 7 may be retained by the haspital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	1685	\$	DIAISION (OF VIEWE RECORDS,		ICATE OF		MOKE, M	IAKT LAND 2	1201	1686	4
	ECEASED NAME	First		Middle		Lost		2o. DATE	OF DEATH			2b. HOUR
1 (1	ype or print)	J	ames			Johnso	n		Manth	Da -	ľo 68	1:40am
3. SE	X	-	4. RACE			S. DATE OF E	BIRTH		6. AGE (In	veors	IF UNDER I YEAR	IF UNDER 24 HRS.
	Male			Negro		18	390		lost birth	dov) 81 yrs.	MONTHS DAYS	HOURS MIN
7o 1	BIRTHPLACE (State or fo	reign 7	TO CITIZEN OF	WHAT COUNTRY?	8. MARRI	ED NEVER MA	RRIED	9. COUNTY	OF DEATH			
(01)1	unknown		U	JS	WIDOW		RCED 🗍	Anne	e Arund	e1		Md.
10 0	ITY OR TOWN OF DEAT		11	NAME OF HOSPITAL OR INS	TITUTION (lf not in hospitol			ON (Kind of w		12b KIND OF	BUSINESS OR
	Crownsville	-		Crownsville							MOOSIKI	
130.	SUAL RESIDENCE (Who	ere deceosed	lived, if insti	rtution: Residence before		OR TOWN	13d. INSIDE CITY LIM		STREET AND N			
	lary Land		N. Bank		Bal	timore	YES NO		LO1 N.		Spring	Lane
.14	FATHER'S NAME Fin	rst	Middle	e Lost		IS. MOTHER'S N	IAIDEN NAME Fir	rst		Middle		Lost
L			inknown		1			ι	ınknown			
160	WAS DECFASED EVER II	N U.S. ARME (If yes give way	D FORCES?	16b. SOCIAL SECURITY I		7. INFORMANT				Address		
ur	iknown		100	unknow		Hospita	1 Recor	ds, (Crownsv	ille		Hospital
	18. CAUSE OF DEATH PART 1. DEATH W	(Enter only	one couse per	er line for (o), (b), and (c))							ONSET AND DEATH
	PAKI I, ULAIM W	IMMEDIATI	BT: E CAUSE (o)	extrene_ca	chex	ia						
	2644			OR AS A CONSEQUENCE OF								
	Conditions, if only, where to immediate co		(b)	MALO	U. K.L.	TICN Y	INGNI	MAN	(0)	-		
	stating the underlying		DUE TO, O	OR AS A CONSEQUENCE OF		, , , , ,						
	lost.	<u> </u>	(c)_	MEETIN	2							
				RIBUTING TO DEATH BUT NO		0.1	AL DISEASE ORCO	ONDITION G	IVEN IN PART I	0)		
2	Chro			ndrome; epil		Old	suhdu	1 2131	Now.			
CERTIFICATION	190 DATE OF OPERATIO	N 19b. CO	ONDITION FOR	WHICH OPERATION WAS PE	RFORMED	20o. AUT			IF YES, WERE USES OF DEATH?	FINDINGS	CONSIDERED IN C	ERTIFYING
REIF	n) recipeus mae i	INDEDICATION OF THE PROPERTY O			las	YES 7						
	210 ACCIDENT WAS U			E OF INJURY .M. Month Doy Year	210	. HOW INJURY O	CURRED (Enter	noture of i	njury in Port 1	or Port 2,	Item 18.)	
MEDICAL	(If either, notify medi	col exomine	r) P.i	.M. 19								
2	21d INJURY OCCURRE While Not while	D 21e. P	EACE OF INJUR	RY (AT HOME, FARM, STREET FAC OFFICE BUILDING, ETC.	TORY,) 21	LOCATION Str	et or R.F.D. No.	4	City or Town		County	State
	at work of work "					0/70		57:	177	171 10	6.8	40.4
	22a, I certify the	ot (I) (this	haspital) o	attended the decease	ed fram.	and that in (r	, 19	62 ta		TO, 19		t (I) (we) last
	couses state	easea air ed abave.	(I) (we)(di	id) (did nat) view the	hadv aft	er death.	iy) (aar) abii	niuli deal	ii uttorieu c	iii iiie a	are and naor	ong from the
	22b. SIGNATURE		1. 1	, (1	22c.	DATE SIGNED	
	N. P. V	rall	X-300		0	EGREE PHYS.		ED. RECTOR	STAFF [12/10/68	8
	22d PHYSICIAN'S NAME (Type)					22e. AD Cro	DRESS Dwnsvill	le Sta	ate Hos		l, Maryl	
230	BURIA, CREMATION,	23b D/	ATE	23c NAME OF	CEMETERY	OR CREMATORP	1	23d. LOCA	ALON (City our)	own)	(County)	(Stote)
	REMOVAL (Specify)	12	-14-6	58 Must	Ca	hery Co	ut	1	Polito	M	il	. ,
24.	FUNERAL DIRECTOR		0	ADDRESS		1	250 REC'D BY	REGISTRA	25b. R	EGISTRAR	S SIGNATURE	
6	Krong C.	Wil	son	2004 ONE	ANS,	57,	DATE	1 19	68	Con	to Judg	ie.



DIVISION OF VITAL RECORDS, 301 PRESTON STREET, BALTIMORE, MARYLAND 21201

		,					
FICATE OF	DEATH		1	6	8	6	0

16853	(ERTIFICATE OF DEATH		16865
1 DECEASED-NAME First (Type or print) W1111s	Middle	Johnson	20 DATE OF DEATH December 4.	Y1963 25 HOUR
3 SEX	4 RACE	S DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR OF UNDER 24 HRS
M.	C.	11/15/03	lost birthdoy) 65 YRS.	MONTHS DAYS HOURS MIN
7o. BIRTHPLACE (State or foreign	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
countryGeorgia	U.S.A.		Ann Arundle	M
10 CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR INS		L OCCUPATION (Kind of work done	125 KIND OF BUSINESS OR INDUSTRY
Ferndale		Evelyn Ave	st of working life, even fretired)	IMDUSIKT
13a JSUAL RESIDENCE (Where decease odmission) STATE Marvlar	d lived, if institution Residence before	Ferndale YES NO		1 Ave
14. FATHER S NAME First	Middle Last	IS MOTHER'S MAIDEN NAME FI	rst Middle	Last
Unknown		Unknown		
160. WAS DECEASED EVER IN U.S. ARME Yes, na, grunknawn) (if yes give woo	ED FORCES? 16b. SOCIAL SECURITY I	17. INFORMANT	Address	
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	one cause per line for (a), (b), and (c).		-1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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1579	DUE TO, OR AS A CONSEQUENCE OF	nexastrs is to	- 020 -11	
Conditions, if any, which gove) rise to immediate couse (a),	(3)		are and.	hay
stating the underlying couse	DUE TO, OR AS A CONSEQUENCE OF	onkal Vise	<u></u>	
lost.	(c)			
PART 2. OTHER SIGNIFICANT COND	OUTIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE ORCO	UNDITION GIVEN IN PART I(a)	
190. DATE OF OPERATION 19b C	ONDITION FOR WHICH OPERATION WAS PE	RFORMED 20g. AUTOPSY?	206 IF YES, WERE FINDINGS	CONCIDEDED IN CEDITIFYING
190. DATE OF OPERATION 196 C	a. of Postria		CAUSES OF DEATH?	CONSIDERED IN CERTIFICA
	215 OTIME OF INJURY		nature of injury in Port 1 or Part 2,	Item 18)
G CONTRIBUTING CAUSE OF DEATH	er) P.M. 19	9		
While Not while	PLACE OF INJURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	TIGRY.) 21f LOCATION Street or R.F.D No.	City or Town	County State
at work at wark 22a L certify that (1) (thus	s hospital) attended the decease	ed from OCY, 196	8 to NED . 44 19	168 that (I) (we) los
sow the deceased oli	ve on CAC Y 1	9 🚣 🔀 , and that in (my) (our) api	nion deoth occurred on the d	ote and hour and from th
	(I) (we) (did) (did not) view the	body ofter death.		
22b SIGNATURE	Bale h		ED. STAFF 22c.	DATE SIGNED
22d, PHYSICIAN'S NAME (Type) Cha	rles L. Ball	Jr. 22e. ADDRESS	cum 5	nd
23a BURIAL, CREMATION, 23b D.	ATE 23c. NAME OF	CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)
REMOVAL Specify) 12	2/9/68 Mt. A	uburn	Baltimore, N	Maryland
24 FUNERAL DIRECTOR	ADDRESS	∠ + 2Sa. REC'D B' Z + 2Sa. REC'D B' Z + 2Sa. REC'D B' Z + 3Sa.	REGISTRAR 2Sb. REGISTRAR	S SIGNATURE
BUNIAL Charle	s A. Rice 661	W. Barre DATE UE	9 1968 fcus	story freeze

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove catbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. 30M REV 1/60 P

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

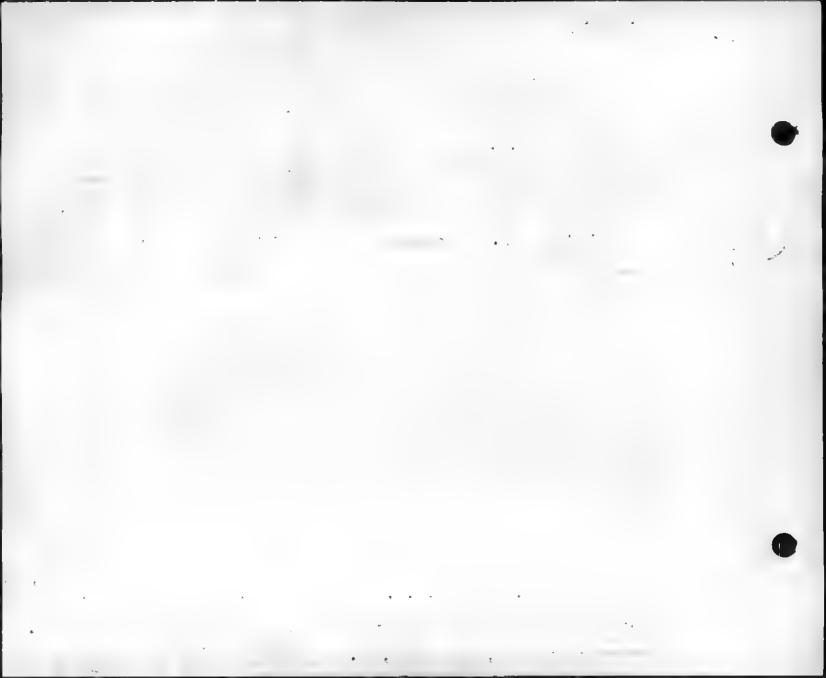
Page 4 may be retained by the hospital or attending physicion.

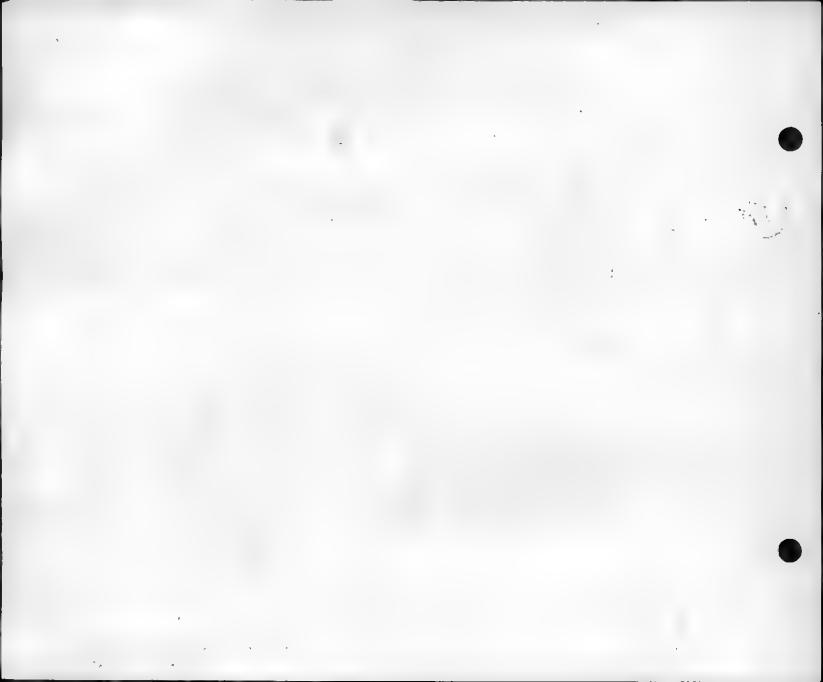


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16854 16866 CERTIFICATE OF DEATH 20. DATE OF GEATH 2b. HOUR OECEASED-NAME First Middle executed within 24 haurs after death. and completely filled in by the funeral remove corbon papers. Pages I and any event, within 72 haurs after death (Type or print) William Η. Johnson Manth 68 3:450 6 AGE (In years IF LNOER YEAR 1E LINDER 24 HRS 3 SEX A RACE S. OATE OF BIRTH last birthday) 4/19/92 Male Negro 70 BIRTHPLACE (Stote or foreign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED | NEVER MARRIED country) WIDOWED & DIVORCED [Anne Arundel Maryland 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR during most of working life, even if retired) give street address) INDUSTRY Crownsville State Hospital Crownsville Crownsville State Ho 13e STREET AND NUMBER 13d INSIDE CITY LIMITS? 92 Charles Street 13b Anne Arundel mary 1and Annapolis YES IS MOTHER'S MAIDEN NAME First 14 FATHER'S NAME Last Last requires that the death certificate be unknown eose 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Address Yes, no, or unknown) unknown signed by the attending physi burial-transit permit. Then pl burial, cremation, ar remaval, 213 30 9675 T Hospital Records, Crownsville, Maryland 18. CAUSE OF OEATH (Enter only one cause per line for (o), (b), and (c).) PART 1. OEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) Congestive Heart Failure OUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave) (b) Arteriosclerotic cardio vascular disease nse ta immed ata causa (a), DUE TO, OR AS A CONSEQUENCE OF **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital or attending physician. stating the underlying causes PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) far use as the b f Health prior to b has been ナナ/ Old CVA Chronic Brain Syndrome 195 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINOINGS CONSIDERED IN CERT CAUSES OF DEATH? YES 🗔 NO 🔲 certificate 21g ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED. (Enter nature of enjoys in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Month Doy Year be detached for State Dept. of H (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City or Town County State While Not while at wark O FUNERAL DIRECTOR: After 22a. I certify that (I) (this haspital) attended the deceased fram 6/6 saw the deceased alive an 12/8 19.68, and that i causes stated abave, (I) (we) (did) (did nat) view the bady after death. . 1968___, to_ . 19 68 , that (I) (we) last _19_68, and that in (my) (aur) apinion death accurred on the date and hour and from the director, page 3 shauld shauld be filed with the 22b SIGNATURE 22c OATE SIGNED **ATTENDING OEGREE** PHYS **OIRECTOR** 22d. PHYSICIAN S 22a, ADDRESS NAME (Type) KICK Crownsville State Hospital Maryland LOCATION (City or Town 23b DATE 23c. NAME-OF CEMETERY OR CREMATORY REMOVAL (Specify) FUNERAL DIRECTOR VR A15 (4) ~ 30M REV, 1/68



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16855 16867 CERTIFICATE OF DEATH 26 HOUR A DECEASED-NAME Last 2g DATE OF DEATH First Middle campletely filled in by the funeral avec carbon papers. Pages 1 and 2 y event, within \$2 hours after death. cuted within 24 haurs after death. (Type or print) Month Pierre Journeay IF UNDER I YEAR 3. SEX 4 RACE 5 DATE OF BIRTH 6. AGE (In years last birthdoy) MONTHS 12-16-1891 White papers. Pag Male 7a BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH MARRIED X NEVER MARRIED country) WIDOWED [DIVORCED [Anne. Arundel New York ID. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Hospital Postal clerk INDUSTRY Glen Burnie Post 13a USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13e STREET AND NUMBER 13d INSIDE CITY LIMITS? Anne please remaye Odenton 442 Patuxent Rd 14/ FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME First Middle First Last William Lucy H. Raymond Journeav 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT Address (If yes give war or dates of service) Yes, no. or unknown) remaya!, Wife Same requires that the death certifi APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter anly one couse per line for (a) (b), and PART I DEATH WAS CAUSED BY BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) 5 TENIOS Cleur signed by the burial-transit p Canditions, if only, which gove) rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) TO FUNERAL DIRECTOR: After this certificat has been the Dept. af Health priar ta ATTENDING PHYSICIAN: The low 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Do. AUTOPSY? 2Db IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING QS CAUSES OF DEATH? YES [NO [by the hospital ar 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) <u>for</u> OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) P.M. 21d INJURY OCCURRED. - 21e PLACE OF INJURY (AT HOME FARM, STREET, FACTORY,) 21f LOCATION Street or R.F.D. No. City or Town County State OFFICE BLILDING, ETC. Nat while at work at work 22a. I certify that (1) (this hospital) oftended the deceased from. and that in (my) (aur) apinion death occurred on the date and haur and from the sow the deceased alive of be retained director, page 3 shauld shauld be filed with the couses stated above, (1) (we) (did) (d d not) view the body after death. 22b. SIGNATURE 22c DATE SIGNED DEGREE PHYS DIRECTOR TO HOSPITAL I 22e. ADDRESS Burnie, Md 22d PHYS CIANS NAMELIYD orge Ramirez Suite 207, 325 Hospital Dr. Glan 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 230 BLRIAL, CRI MATION 23b. DATE REMOVAL (Specify) ecember 68 Glen Haren Memorial Glen Burnie 250 RECD BY REGISTRAR DATE DEC 3 1 25b REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) Miaria Kirkley Funeral Home, Glen Burnie, Md.





Ellsworth Armacost-4600 Liberty Hghts. Ave.

Anne 7

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16870 16858 CERTIFICATE OF DEATH DECEASED-NAME Middle Last 20 DATE OF DEATH 2b HOUR be executed within 24 hours after death Type or 3. SEX 4. RACE 6. AGE (In years F JNDER 1 YEAR IF UNDER 24 HRS. DAYS lost birthday) ZHTHOM HOURS completely filled in by 70 BIRTHPLACE (Stoke or fore an 9. COUNTY OF DEATH 8 MARRIED T NEVER MARRIED papers. country) WIDOWED DIVORCED | within 72 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUA, OCCUPATION (Kind of work done IN CITY OR TOWN OF DEATH 12b KIND OF BUSINESS OR during most of wor INDUSTRY carban event, 130 USUAL RES DEMCE (Where deceased yed, if institution Residence before 13c. CITY OR TOWN 3d INSIDE CITY LIM 157 13e. STREET AND NUMBER 1180 COUNTY emove YES 🕝 NOF IS MOTHER'S MAIDEN NAME First M. ddle last Middle pleose requires that the deoth certificate 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO (If yes give war or dates of service) Yes no or unknown) 1232 attending phy permit. There remov APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per one for (a), (b), and (c). BETWEEN OWSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) permit. 5 DUE TO, OR AS A signed by the buriol-transit ; Canditions, if any, which gove) rse ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stoting the under ying couse burrol, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) ottending this certificate has been ‡ 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING S CAUSES OF DEATH? YES X NO [21a ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) 21b. TIME OF INJURY jo the haspital OR CONTRIBUTING CAUSE OF DEATH HOUR AM Month Day Year (If either, natify medical examiner) PM detached 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f EOCATION Street of R.F.D. No. 21d. INJURY OCCURRED City or Town County State OFFICE BUILDING FTC. While Nat while at work O FUNERAL DIRECTOR: After 22a I certify that (1) (this haspital) attended the deceased fram-, that (I) (we) last . ta and that in (my) (aur) apinion death occurred on the date and haur and from the saw the deceased alive on... retained causes stated obave, (1) (we) (did) (did nat) view the body ofter death. 226 SHGNATURE 22c DATE SIGNED DEGREE DIRECTOR PHYS be filed PHYSICIAN S 22e_ADDRESS NAME (Type) director, should by 23c. NAME-OF CEMETERY OR CREMATOR 23d LOCATION 230 BURIAL CREMATION 23b DATE (State) REMOVAL (Specify) 250 RECD BY REGISTRAR DEC 2 0 1968 REGISTRAR S SIGNATURE 24 FUNERAL DIRECTOR VR A15 [4] 30M REV 1/68 AVE. N.W. WA



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16871 16859 CERTIFICATE OF DEATH 1. DECEASED NAME Middle 2g DATE OF DEATH 26 HOUR death (Type or print) 3. SEX 4. RACE DATE OF BIRTH 6 AGE (In years IF UNDER YEAR MONTHS HOURS haurs 70 BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? COUNTY OF DEATH · MARRIED X NEVER MARRIED (country) WIDOWED D VORCED GTY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital Cal event 130 USUAL RES DEVCE (Where deceased yed, if institution Residence before admission) STATE 13b (OUNTY OR JOWA 13d HISIDE CITY L AN TSS physician and comple law requires that the death certificate be executed please remaye 14 FATHER & NAME IS MOTHER'S MAIDEN NAME First Middle 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 7. INFORMANT Address Yes, no o unknown) APPROXIMATE INTERVA CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a Canditions, if ony, which gove? burial-transit rise to immediate cause (o), signed by DUE TO, OR AS A CONSEQUENT stating the underlying cause DEATH BUT NOT RELATED TO O FUNERAL DIRECTOR: After this certificate has been as the prior to 19g. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 950 far use Health YES [NO by the hospital or 210 ACCIDENT WAS UNDERLYING 23b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2 Item 18.) OR CONTR BUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M detached 21e. PLACE OF INJURY AT HOME FARM STREET FACTORY | 21f LOCATION Street of R.F.D. No. 21d. INJURY OCCURRED City or Town County Stote While Nat while OFFICE BUILDING, ETC. at wark at work 22a. I certify that (I) (this hospital) attended the deceased from saw the deceased alive an , and that in (my) (our) opinion death occurred on the date and have and from the Page 4 may be retained should causes stated abave, (1) (we) (did) (did nat) view the bady after death 22b. SIGNATURI DEGREE DIRECTOR SEULEN 22d. PHYSICIAN'S director, po shauld be f BUR AL CREMATION 23b DATE







MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16874 CERTIFICATE OF DEATH 1 DECEASED NAME Middle 20 DATE OF CEATH _ast 2b HOURP and 2 deoth. requires that the death certificate be executed within 24 hours after death. (Type or print) MAGGIO Antonio (none) December 3 SEX A RACE 5 DATE OF BIRTH 6 AGE (In years lost pirthday) White May 1. 1877 Male 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIEO NEVER MARRIEO country) signed by the attending physician ond completely filled in buriol transit permit. Then please remove corban papers, buriol, cremation, or removal, and in processing the pr U.S. Anne Arundel Italy WICOWED TO OSVORCEO [10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hosp tol 20-USUA/OCCUPAT ON Wind of work done Anne Arundel Gen. Hospital Annapolis 130 USJAL RESIDENCE (Where deceased lived, if institut on Residence before 13c, CITY OR TOWN 13d INSIDE CITY Link TS7 13e STREET AND NUMBER admission) STATE Marey 13b. COUNTY Arundel YESKIX NO 116 Charles St. Annapolis S MOTHER S MAIOEN NAME FIRST 14 FATHER'S NAME First Lost Last 160 WAS OFCEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Address -Yes, polotiunknown) (If yes give war or dates of service) APPROXIMATE INTERVAL TB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I OEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) BETWEEN ONSET AND CEAT Lagulan hearth QUE TO, OR AS A CONSPOLIENCE OF Conditions, if any, which gave rise to immediate cause (a), OUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OBATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 may be retained by the hospital or attending O FUNERAL DIRECTOR: After this certificate has been be detached for use os the State Dept of Health prior to 190. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF OEATH? YES 🖂 NO K 216. ACC DENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF OFATH HOUR A.M. Month Day Year (If either, natify medical examiner) 121e. PLACE OF INJURY (AT HOME, FARM STREET FACTORY) 21f. LOCATION Street of R.E.O. No. 21d INJURY OCCURRED City or Tawn Caunty State While hat while at wark 1964, to 12/27, 19 ZY, that (1) (we) lost 22b SIGNATURE 22c OATE SIGNED ATTENOING **OEGREE** DIRECTOR director, poge should be filed 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type 121 Cathedral St., Annapolis, Md. Robert O. Biern, M.D. 23a RURIAL, CREMATION 23b. OATE NAME OF CEMETERY OR CREMATORY L-REMOVAL (Specify) 25a REC'O BY REGISTRAR DATISAN 2



MARYLAND STATE DEPARTMENT OF HEALTH

16875

16863

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

		· · · · · · · · · · · · · · · · · · ·								
	CEASED NAME First	Middle	Last		2a. DATE OF DEATH		2b HOUR			
(1	ype or print) CARI	AN NUTURELL	MARSH	412	DE C.	Day Year	S W			
3. SE	X	4. RACE	S DATE (F BIRTH	6. AGE (In years		IF JNDER 24 HRS			
	FEMALE	WH To.	Apr	1/3019	last birthday)	YRS. MONTHS DAYS	HOURS MIN.			
7o. 8	IRTHPLACE (State or-foreign / 76	. CITIZEN OF WHAT COUNTRY?	8 MARRIED ANEVER	MARRIED 9	COUNTY OF DEATH	2	1			
EQUIT S	IN) LOCH EARLY	11.5 A		VORCED	HALAIS. L	1 RIVNAS	ε / Md.			
10.0	ITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR INS	STITUTION (If not in haspi		OCCUPATION (Kind of work of		BUSINESS OR			
4	DEALE	give street address)			of working life, even if retire	ed) INDUSTRY				
		lived, if institution Residence before	13c CITY OR TOWN	T3d INSIDE CITY CIMITS		R				
0dmi	ssian) STATE	13b. COUNTY A	DEALE	YES NO						
14 9	ATHER S NAME First	Middle / Last	15 MOTHER	S MA DEN NAME First	Miad	le ,	lgst /			
U	WILLIAM FRA	NCIS Notwe	11 trake	EAUDR	6,665	Notue	://			
	WAS DECEASED EYER IN U.S. ARMED		NO. 17. INFORMAN		/ / Addre	55 /	1			
L	es, na, ar unknawn) (If yes give war o	or dates at service)	6'M.	P. MA	2 SMAIL, DO	EALENI	illi.			
	IB. CAUSE OF DEATH (Enter only o	ane cause per line for (a), (b), and (c).) /		/		MATE INVERVAL MISET AND DEATH			
	PART I DEATH WAS CAUSED B	CAUSE (0) hles	section 1	Zreuma	1274	2-7	2-10			
	2004	DUE TO, OR AS A CONSEQUENCE OF	(, ,	2	,					
	Conditions, if ony, which gave	83	170-							
	nse ta immediate cause (a).									
	stoting the underlying couse	1/5 9	40.							
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 3(o)									
2	* (/) X	,								
ATIO	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. 15 YES, WERE FINDINGS CONSIDERED IN CERTIFYING									
CERTIFICATION	YES NO CAUSES OF DEATH?									
CER	210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.)									
MEDICAL	OR CONTRIBUTING CAUSE OF CEATH (If either, notify medical examiner)	HOUR A.M. Month Doy Year P.M.								
MEC	21d INJURY OCCURRED 21e PL	ACE OF INJURY (AT HOME, FARM, STREET, FAC		Street ar R.F.D No	City or Town	County	Stote			
	While Not while of wark	COFFICE BUILDING, ESC.		ð.	1 1) -					
		haspital) attended the decease	ed fram	19/1			(I) (we) last			
	saw the deceased aliv	e on // h	19.68∑, and∮hat ir	(/ny) (aur) apinic	an death/occurred an th	e date and haur	and fram the			
	causes stated abave, (I) (we) (did) (did not) view the bady after death.									
	226 SIGNATURE ATTENDING MED STAFF 22c DATE SIGNED									
	22d ZPHYSICIAN'S	1000 / n. K	DEGREE PHY	ADDRESS DIRE	CTOR L PHYS. L					
	NAME (Type)		72e.	WDDKE22						
32-	BURIAL CREMATION. 23b DAT	TE 20, MASS OF	CEMETERY OR CREMATO	DY T	23d) LOCATION (City, or Town)	(County)	(Stote)			
400	BURIAL, CREMATION, 23b DAT REMOVAL (Specify)	7 19/0 3/	CEMILICAT OR CREMATO		Sacred Use	, (301119)	3 2			
24<	FUNERAL DIRECTOR	ADDRESS	a quine	2So. REC'D BY F	4	RAR'S SIGNATURE	1 / William			
1	Structure of The	2 July - 401	Lace X: 1	DATE DEC		Thomas Co	udge			
H 4 1		The state of the s								

and 2 within 24 hours after death TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial transit permit. Then please remove carban papers flages, and should be filed with the State Dept. at Health prior to burial, cremation, ar removal, and in any event, within 72 hours there depti TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed. Page 4 may be retained by the haspital or attending physician.

30M REV 1



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201, CERTIFICATE OF DEATH 2g, DATE OF DEATH 1. DECEASED NAME First Middle 2b. HOUR completely filled in by the funeral paye corban papers. Pages 1 and 2 no event, within 72 transparent field death. within 24 hours after deoth (Type or print) 300 6. AGE (In years lost birthdoy) 4. RACE IF UNDER 1 YEAR IF LINDER 24 HRS. HOURS 9 COUNTY OF DEATH 70 BIRTHPLACE (State or foreign 8. MARRIED | NEVER MARRIED please remove corban papers: Anne Arendel WIDOWED D.VORCED 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during most of working life, even if refired) INDUSTRY please remove carban HAMAROLIS Housewife 13c CITY OR TOWN 13e STREET AND NUMBER 130 USUAL RES DENCE (Where deceosed lived, if institution Residence before 13d INSIDE CITY LIMITS? Educwater Middle 14. FATHER'S NAME M.ddle Lost Lost ona ths affesting physician sit permit. Then please PHYSICIAN: The low requires that the deoth certificate 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes give war or dates of service) Chart or removo APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (d) cremation, Conditions, if any, which gave) buriol-transit rise to immediate cause (a), signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse physician. burial, (RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) ottending ■ FUNERAL DIRECTOR! After this certificate IIall been os the prior to 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? CAUSES OF DEATH? YES 🔲 for use Heolth p NO X 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 38) 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month (If either, notify medical examiner) P.M. be detoched (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. OFFICE BUILDING, ETC. 21d INJURY OCCURRED 21e PLACE OF INJURY City or Town County Stote White Not while at work 22a. I certify that (this haspital) attended the deceosed from Dec 27, 19 67, to Dec 29, 19 68, that (N) (we) last saw the decedsed alive on 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stoted above, (1) (**) (did) (did not) view the body after death

Page 4 may be retained by the hospital or should with the director, poge should be filed VR ATS (4)

30M REV. 1466

22 d. PHYSICIAN'S NAME (Type) BURIAL, CREMATION 23b. DATE 23c NAME OF CEMETERY OR CREMATORY

22b. SIGNATURE

ATTENDING DEGREE PHYS 22e. ADDRESS HAhn

WIE MOR

DIRECTOR

22c DATE SIGNED

23d. LOCATION (City or Town) (Stote) (County) REGISTRAR'S SIGNATURE

ADDRESS FUNERAL DIRECTOR

25g REC'D BY REGISTRAR



1000



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS. 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

4 0 0 14 0

2-10-68

(County)

REGISTRARS SIGNATURE

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	TOOUT	•		,	EKHIFIC	AIE OF D	EATH			T.	001	()
1. DECEASED-NAME		First	Middle		Lost		20. D	20. DATE OF DEATH			2b. HOUR	
- 11	(ype or pant)	JOYCE		ISABELL	MC.	ALLISTE	3		December	9 19	Year 168	1640
3. SE	X	4. R	ACE			S. DATE OF BIRTH	1		6. AGE (In years			IF UNDER 24 HRS.
	Female		Cauca	asian		28 Ju	ly 19i	19	last justicay)	RS. MON HS	OAYS	HOURS MIN
7a	BIRTHPLACE (State or for	eign 7b CI1	IZEN OF WH	AT COUNTRY?	8. MARRIED	NEVER MARRIE		9. COUN	TY OF DEATH		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
cohi	aterbury, C	onn.	U.S.		WIDOWED			An	ne Arundel			M
10. 0	FTY OR TOWN OF DEATH			ME OF HOSPITAL OR INS	TITUTION (If no	t in haspitai			ATION (Kind of work do			BUSINESS OR
	Annapolis		give s	reet oddress) Nava i Hos	pital				orking life, even if retire w i fe	d.) IND	USTOY TC A	4F-
13a	USUAL RESIDENCE (When	e deceosed live	, if instituti	on. Residence before	13c. CITY OR		INSIDE CITY LIE	W TS?	38 STREET AND NUMBER			444
oam	ission) STATE Maryland	136	Anne	Arundel	Ann	apolis Y	ES NO		40 Monroe	Court		
14	FATHER S NAME Firs	t	Middle	Lost	15.	MOTHER'S MAIDI	EN NAME FI		Middle)		Last
		U	ur					6	wb			
	WAS DECEASED EVER IN	U.S. ARMED FOR		16b. SOCIAL SECURITY I		FORMANT	1 3 4	10.01	Addres Addres	* #	15	
	V D		,		KO	BERY	W. H	-H	HISTER_	-y-y-		
	1B CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)									IATE INTERVAL ISET AND DEATH		
	PART I. DEATH WAS CAUSED BY- IMMEDIATE CAUSE (a)CARCINOMA PANCREAS											
	DUE TO, OR AS A CONSEQUENCE OF											
	Candutians, if any, which gave tise to immediate cause (a). (b)											
	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF											
	[last. (c)											
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)											
N	1552											
CERTIFICATION	19a. DATÉ OF OPERATION	OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PE			RFORMED	20o AUTOPSY	AUTOPSY?		20b IF YES, WERE FINDINGS (CAUSES OF DEATH?		CONSIDERED IN CERTIFYING	
RTIFI						YES 🔀	NO 🗔					
K CE	21a ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2,								12, Item 3B	i.)		
MEDICAL	(If either, natify medic	ol examiner)	P.M.	15								
×	21d. INJURY OCCURRED While Not while	23e. PLACE	OF INJURY (AT HOME, FARM, STREET FAC OFFICE BUILDING ETC	TORY) 21f. LO	ATION Street a	r R F.D. No.		City or Town	Cour	ity	State
	at work at work	-								/ 11		
	22a. I certify that	(I) (this hos	pital) atte	nded the deceose	d from 45	Novembe	er, 19_6	0 <u>0</u> , t	a <u>9 December</u>	19 68	_, that	(I) (we) lo
	causes state	labave, (I) (we) (did) (did not) view the	badv ofter d	eath.	(aur) apii	mon ae	oth occurred on the	uote an	a naur a	na tram ts
	22b/SIGN)ATURE	2 0								22c DATE SI	GNED	

ATTENDING PHYS.

ADDRESS ANNAPOLIS, MP BATE DEC 13

22e. ADDRESS

DEGREE

NAME OF CEMETERY OR CREMATOR

MED DIRECTOR

STAFF PHYS.

O FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please certified or papers. Pages — and 3 should be filed with the State Dept. at Health prior to burial, cremation, or removal, and fin any event, within 72 hours after death. Page 4 moy be retained by the hospital or attending physician. VR A15 (4) 30M REV, 1/68

22d. PHYSICIAN'S NAME (Type)

BURIAL, CREMATION, REMOVAL (Spekify)

JOHN TAYLOR

23 o.

JON

CLOSSON,

AND SONS FUNERAL

DATE

23b

LCDR

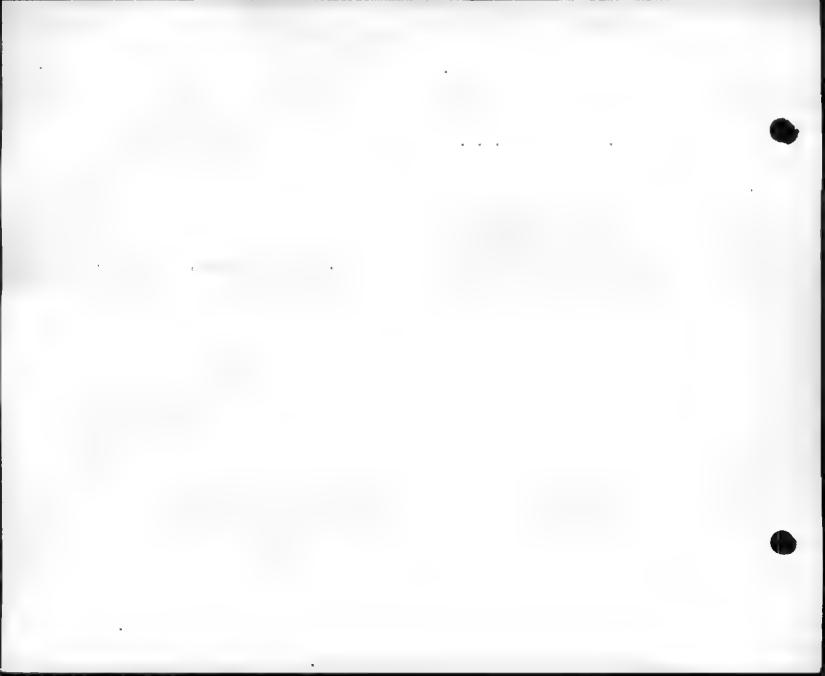
mithin 24 haurs after death.

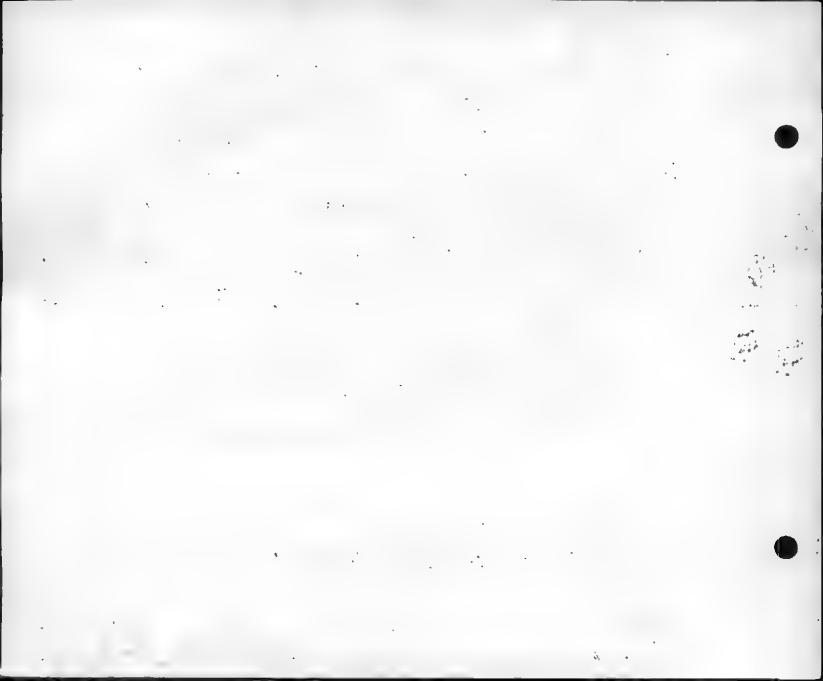
O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the Beath certificate be exacuted

4 CQCC



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16867 16879 CERTIFICATE OF DEATH Middle Last 2a DATE OF DEATH 2b. HOUR 1. DECEASED-NAME First eoth. Menth 20 Day68 8:30pm (Type or print) McGovern 12 Year Alice Μ. S. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 3. SEX 4 RACE 6. AGE (In years lost birthday) ZHTIATUL DAYS HOHRS 9/27/93 libite F 75 YRS executed within 24 hours 9 COUNTY OF DEATH 70 BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED [NEVER MARRIED [] rguntry) Anne Arundel completely filled in WIDOWED IST DIVORCED | Pa. U.S.A. 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR 10 CITY OR TOWN OF DEATH during most of warking life, even if retired)
Homemaker give street oddress) **INDUSTRY** North Arundel carbon Glen Burnie Bur Hame 13e STREET AND NUMBER
7471 Furnace Branch Rd. 13a USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? admission) STATE 13b COUNTY Anne Arundel Glen Burnies [X Md. remove ORY Middle IS MOTHER'S MADEN NAME First Last 14 FATHER'S NAME First Middle Lost Mary Gauchan Barrett Bryan en pleose ificate 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Yes, po, or unknown) Mr. Raymond Leaver, Son - in - law 715/14/25400 or removal, APPROXIMATE INTERVAL ottending to permit. The 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN DISET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) signed by the otter buriol-tronsit permi buriol, cremation, o Conditions, if any, which gave) CINV DIORA OF rise to immediate cause (o). DUE TO, OR AS A CONSEQUENCE OF Poge 4 may be retained by the haspital or attending physician. stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D.SEASE OR CONDITION GIVEN IN PART 1(a) certificate has been detoched for use as the e Dept of Health prior to 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? NO 😂 for use YES [21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) DR CONTRIBUTING CAJSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) 21e PLACE OF INJURY fAT HOME, FARM, STREET FACTORY.) 21f LOCATION Street or R.F.D. No. 21d INDURY OCCURRED State filed with the State Dept County City or Tawn While Nat while **DIRECTOR:** After this of work ATTENDING pe causes stated abave, (1) (we) (did) (did not!) view the bady after death. 22c. DATE SIGNED 22h SIGNATURE ATTENDING O HOSPITAL OR DIRECTOR director, page should be filed 22d PHYSICIAN S TO FUNERAL NAME (Type) 1307255014 23d LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY (County) 23a BURIAL, CREMATION REMOVAL (Specify) Rethlehem. 12/24/68 Holy Saviour Cemetery 24 FUNERAL DIRECTOR VR A15 (4) DATDEC 2 3 1968 30M REV 1/68 HOME GLEN BURNIE

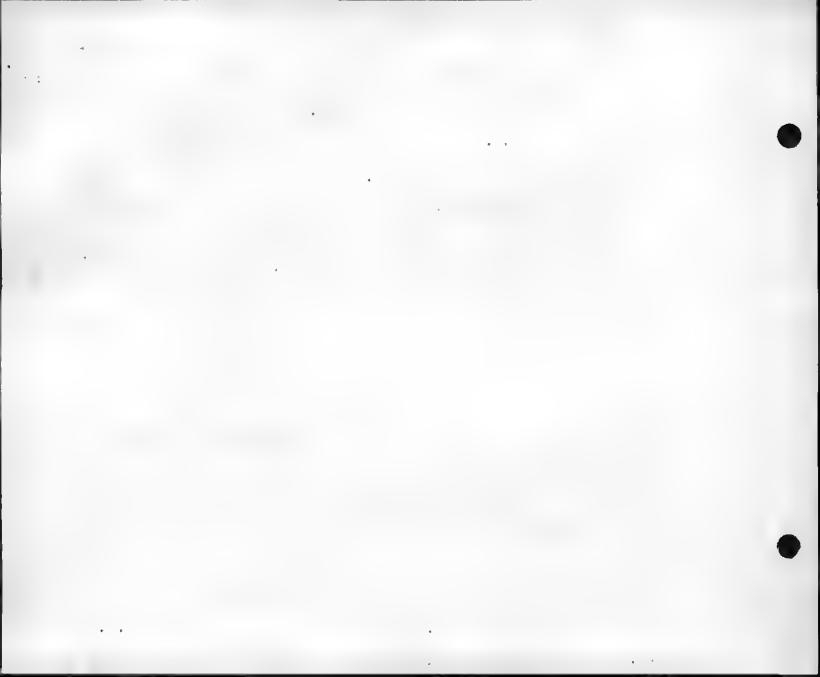




DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16882 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. DECEASED NAME First Lost 20. DATE KNOWN SK Month Yeor 2b HÖUR (Type or Print) ESTI-MAS DEATH MATED 4. RACE 3 SEX F JNDER 24 HRS S. DATE OF BIRTH AGE (In years 2c DATE PRONOUNCED DEAD 9-22-05 63 and 2 with the State Depart 7a. BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARR ED 9 COUNTY OF DEATH Office alang with farm Maryland U.S. WIDOWED [DIVORCED [7] Item 18. Give Pages within 24 haurs after death 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (f not in haspital 12a USUAL OCCJPAT ON (Kind of work done 125 KIND OF BUSINESS OR during most of warking I fe, even if ret red.) INDUSTRY death 130 USUAL REPIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR YOWN 13e STREET AND NUMBER admission) STATE 13b. COUNTY 14 FATHER S NAME IS MOTHER'S MAIDEN NAME Thomas МсКеw OINeill pencil in 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT (Yes, no, or_unknown) .u APPROXIMATE INTERVAL be executed 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) Page 4 shauld be farwarded to the Chief Medical BETWEEN ONSET AND DEAT 'pending" event within PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a). This certificate shauld please execute the certificate, writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .5 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 50 4-43 x may be retained far your mes.
FUNERAL DIRECTOR: Page 3 shauld be used 19g. DATE OF OPERATION 195. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? 210 EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day Year 21c HOW INJURY OCCURRED (Enter noture of in Jry in Port 1 or Part 2, Item 18.) MEDICAL PRIMARY OR CONTRIBUTING HOUR A.M. SICAL EXAMINER: crematian, P.M. CAUSE OF DEATH 21d IN. URY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R F D No. City or Town County State foctory, office building, etc.) WHILE MOT WHILE AT WORK 220. I certify that I taak charge of the remains described above, held on Autapsy ... Inspection ... Inquiry the funeral director. death resulted from. Natural causes Suicide . Homicide Accident Undetermined monner prior to CHIEF MEDICAL EXAMINER ACTUAL 226. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY DEPUTY MEDICAL EXAMINER 5 may | 70 FUNE Health **EXAMINER'S** ADDRESS(Street, city, town, ar county) NAME (Type) 230 BURIAL, CREMATION, 23c NAME OF CEMETERY OR CREMATORY 23b. DATE 23d LOCATION (City or Town) REMOVAL (Specify) 12-14-1968 Burial Holy Cross Cemetery Rittchie 25a REC D BY REGISTRAR 24 FUNERAL DIRECTOR VR ATSME IS George J. Gonce LOO1 Ritchie Hgwy. Baltimore



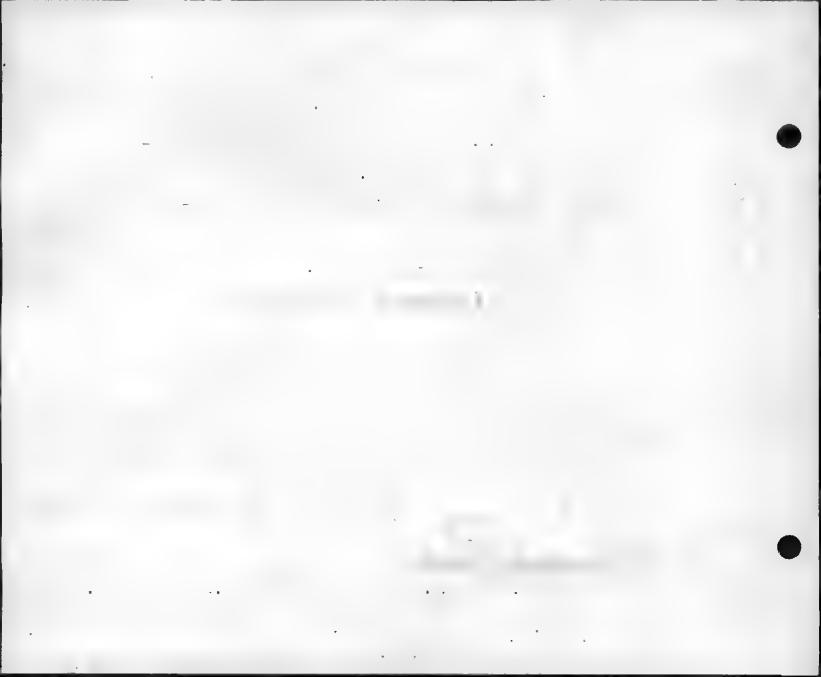
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 16881 2b HOUP DECEASED NAME Exist Middle Lost 2a DATE OF DEATH eoth hours after deoth pug (Type or print) December Month eral John Ansel McHUGH 3. SEX A. RACE S. DATE OF BIRTH 6. AGE (In years IF HINDER 1 YEAR lost birthdoy) MONTHS HOURS Male Sept. 20, 1925 Negro 70. BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED New York U.S. WIDOWED KX DIVORCED | Anne Arundel IO. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in bospital 120 USJA, OCCUPAT ON (Kind of work done 12b. KIND OF BUSINESS OR OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within give street oddress) during most of working life, even if retired.)
Kangmt Analist INDUSTRY Annapolis Anne Arundel the ottending physicion and completely isit permit. Then please remove carbo Gen. Hospital Nava] cremation, or removal, and in any event, 13a USUAL RES DENCE (Where deceased I ved. if institution. Residence before 13c. C TY OR TOWN 13d HISIDE CITY LIM TS? 13e STREET AND NUMBER odmission) STATE Mary land 13b COUNTY 1103 Primrosk Court Annapolis Arundel 14 FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Last Marie Robert McHugh Johnston George 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17. INFORMANT Anna . Md Yes, no, or unknown) [If yes give war or dates of service] 085-18-8053 Joseph M. McHugh 1103 Primrose APPROXIMATE INTERVA. 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) bur of tronsit rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause burial, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) Pinge 4 may be retained by the haspital or attending TO FUNERAL DIRECTOR: After this certificate hos been prior to 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [NO [be detached for use State Dept. of Health 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) 21e PLACE OF INJURY (AT HOME FARM, STREET FACTORY.) 21f LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City or Town County State While Nat while at wark 22a. I certify that (i) (this haspital) attended the deceased from 3 saw the deceased alive an , and that in (my) (aur) apinion death occurred on the date and have and from the causes stated abave, (1) (are) (did) (didnet) view the bady after death. 22b. SIGNATURE 22c DATE SIGNED director, page 3 should be filed v DEGREE DIRECTOR 22d. PHYSICIAN" 22e ADDRESS CATHEMILITE CEN IN N EHURPH. MUNACOUS MI 23a BUR.AL, CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Stote) REMOVAL (Specify) 12-26-1968 St. Mary's Annapolis Md 24 FUNERAL DIRECTOR VR A15 .E. Hicks. 111 Annapolis. He



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED-NAME Last 2a. DATE OF DEATH 2b HO1IR death. requires that the death certificate be executed within 24 haurs after death. and and campletely filled in by the funeral remave carban pagers. Pages 1 and (Type or print) 68 6:25p M Lee McRae 3. SEX 4 RACE S. DATE OF BIRTH IF UNDER 1 YEAR 6 AGE (In years F JNDER 24 HRS lost birthdoy) HOURS Male 1901 67 pagers, Page har 72 haurs o Negro 9. COUNTY OF DEATH 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED T NEVER MARRIED country) DIVORCED [7] WIDOWED [] South Carolina Anne Arundel 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b KIND OF BUSINESS OR during most of working life, even if retired.) give street oddress) INDUSTRY event, wit Crownsville Crownsville State Hospital 30 LSLAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 13e STREET AND NUMBER 13d INSIDE CITY JAMTS? odmission) STATE Maryland Balto NO [Baltimore 18 Bond Street 14 FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Middle Lost ing physician ar Then please r emaval and in Redicken Lee McRae Mary 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, na. ar unknawn) (If yes give war or dates of service) unknown Hospital Records, Crownsville State Hospital unknown 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) BETWEEN ONSET AND DEATH signed by the attending burnal-transit permit PART IL DEATH WAS CAUSED BY Ca of prostate gland cmetatastasis (?) IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove) Congestive heart failure rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couser be retained by the haspital ar attending physician. () Hypertensive cardio vascular disease PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) erached for use as the Dept. af Health priar ta has been Pulmonary emphysema; convulsive disorder CERTIFICATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? YES 🖂 NO I O FUNERAL DIRECTOR: After this certificate 21g ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of snjury in Part 1 or Part 2, Item 1B.) detached for OR CONTR BUTING CAUSE OF DEATH HOUR A.M. (If either, notify medical examiner) 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. State City or Town County While Nat while at work 22a. I **certify** that (I) (this haspital) attended the deceased fram 10/18, 19_68, ta 12/9, 19_68, that (I) (we) lost saw the deceased alive an 12/9, 19_68, and that in (my) (our) opinion deoth occurred an the date and haur and fram the causes stated abave, (I) (we) (did) (did not) view the body after death. director, page 3 should be should be filed with the Stat 22c. DATE SIGNED SIGNATURE. ATTENDING MED. DIRECTOR 12/10/68 DEGREE PHYS 22e, ADDRESS 22d. PHYSICIAN'S NAME (Type) Hildagarde Reissman. M.D. Crownsville State Hospital, Maryland NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230. BURIA, CREMATION (County) (REMOVAL (Specify) 24 FUNERAL DIRECTOR 2Sg REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE VR A15 (4) JAN



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16820 CERTIFICATE OF DEATH 16884 1 DECEASED NAME First Middle Lost 2g. DATE OF DEATH 26 HOUR A (Type or pant) MEADONS Jeanette Ella December 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR lost birthdoy) Oct. 27, 1888 MONTHS HOURS White Female within 24 hours 70 BIRTHPLACE (Stote or foreign 75 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) Virginia DIVORCED U.S. WIDOWEDXX Anne Arundel 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPAT ON (Kind of work done Anne Arundel Gen. Hospita during most of working life, even fretired) INDUSTRY er fe remove forbon Annapolis 3 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c City OR TOWN 13d INSI OF CITY LUMITS? 13e STREET AND NUMBER odmission) STATE Virginia Kockingham Brddgewater Rt-3. any physicion and then please remo 14 FATHERS NAME Middle Lost IS, MOTHER'S MAIDEN NAME First Last Elijah requires that the death certificate be and in Lvdia Me idows Dean 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 37 INFORMANT Autemania Circle Yes, na, erunknawn) cremation, or removal, 228-16-8221-d Otis J. Meadows Flan Burria, APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY. EREBRAL THROMBOSIS IMMED ATE (AUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the buriol-transit p Conditions, if any, which gave) rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) os the TO FUNERAL DIRECTOR: After this certificate has been 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [for use Heo-th NO X the hospitol or 21g ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF GEATH HOUR A.M. Month Doy Yeor (If either, natify medical examiner) P.M. 21e PLACE OF INJURY (AT HOME, FARM, STREET FACTORY) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town Caunty State While Not while at work 22a. I certify that (1) (this haspital) attended the deceased from 12-7, 1968, to 12-14, 1968, that (10) (we) last saw the deceased alive an 12-18, and that in (my) (aur) apinian death accurred an the date and hour and from the be retained causes stated above () (we) (dia) (dia no) view the body after death. 226 5,GMA 22c. DATE SIGNED director, page 3 DEGREE DIRECTOR 22e. ADDRESS Edward S. Beck. M.D. Franklin St., Annapolis, Md. 23a BURIAL, CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) REMOVAL (Specify) Dec. 21, 1968 Lawn dem. Gardens Harrisonburg Rockinsham 25b REGISTRAR'S SIGNATUR 250 RECD BY REGISTRAR VR A15 (4) 45M - 1/69 Anhapolis, rd. Hopping Funeral Home DATEC 2 7 19681



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16885 CERTIFICATE OF DEATH ouise DECEASED-NAME Middle 20. DATE OF DEATH 2b HOUR haurs after death (Type or print) 3. SEX 4. RACE AGE (In years IF LINDER 1 YEAR lost birthday) ZHTHOM GAYS HOURS 9. COUNTY OF DRATH 7a BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED U.S.A. WIDOWED [DIVORCED [11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR street address undel Nursing Homeduring Housewiffe, even if retired) INDUSTRY requires that the death certificate be executed with carboo physician and completel 3c CITY OR TOWN 13d INSIDE CITY HAUTS? 130 USUAL RES DENCE (Where deceased lived, if institution Residence before 13e. STREET AND NUMBER 13b. COUNTY Glen Burnie YES NO 📆 remaye Maryland and in any 14. FATHER'S NAME Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost Louise Augustine Hauouy Bogard Aime please Remv 16b. SOCIAL SECURITY NO. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address Yes, no. or unknown) (If yes give war or dates of service) 3900 North Charles St Reuben H Meisel 054-38-9167 No 18. CAUSE OF DEATH (Enter only one couse per line for (g), (b), and (c).)
PART I. DEATH WAS CAUSED BYIMMEDIATE CAUSE (c) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave burial-transit rise to immediate cause (a), signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) # 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING has CAUSES OF DEATH? YES 🔲 NO [O FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) P OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M 21d INJRY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while at work of work 220. I certify that (1) (this hospital) attended the deceased from. 22b. SIGNATURE 22c DATE SIGNED ATTENDING DEGREE PHYS. DIRECTOR director, page shauld be filed PHYSICIAN'S NAME (Type) 22e ADDRESS 23d. LOCATION (City or Town) (County)
Baltimore Maryland 23b. DATE 12/20/68 23c. NAME OF CEMETERY OR CREMATORY (State) 23a. BUR, AL. CREMATION. Hely Redeemer **ADDRESS** VR A15 (4) Leonard J Ruck Inc Balto. Md 30M REV 1/M



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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FPT1	21a ACCIDENT	WAS UNDERLYING	216 TIME OF IN	1111BA	YES T			in Part I or P	Port 2 Item	n 18)	
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23	a BURIAL, CREMA	10N, 23b DA	1 1 -	23c NAME OF GREEN	EMETERY OR CREMATORY		23d LOCATION 5 LON	iey			(Stote) DRASKA
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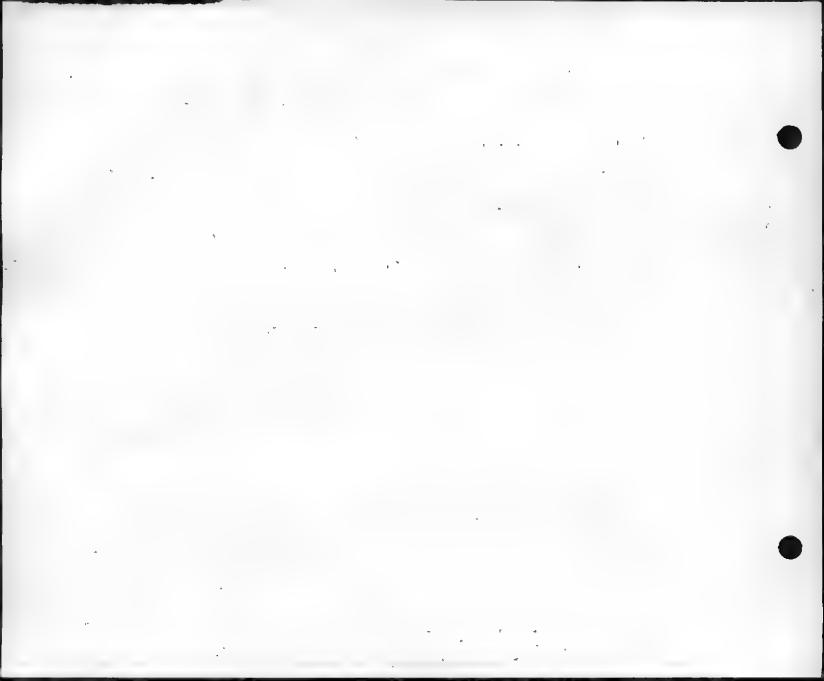
30M REV 1/68

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.



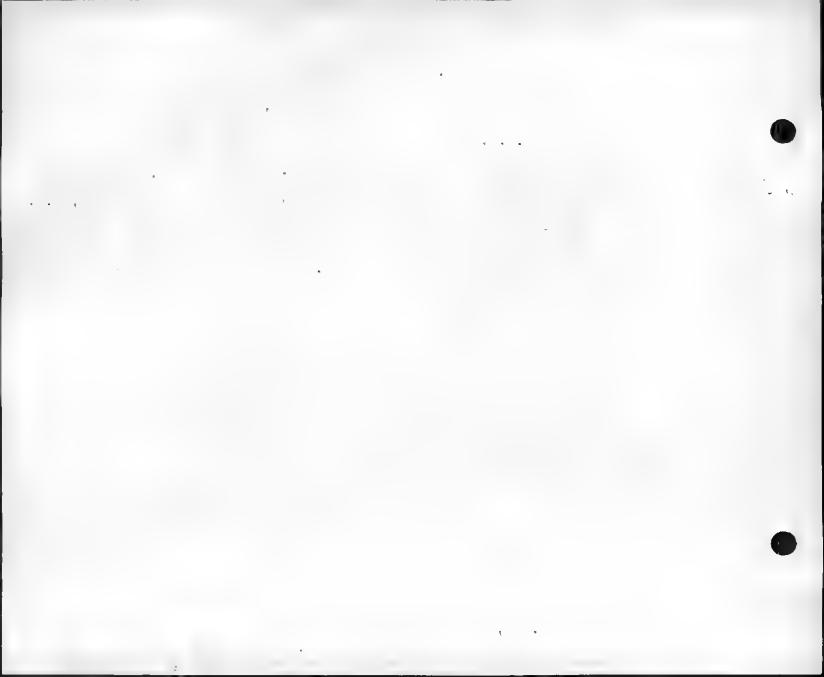
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- VI -		210 ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Month Doy Year		URY OCCURRED (Enter	nature of injury in Part	1 ar Port 2, Item	18.)	
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OR ATTENI be retained DIRECTOR: /		226 SIGNATURE	is I Coll		ATTENDINGX AM	ED. STAFF RECTOR PHYS.	221 PAT	E RENER 8	
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	The law requires that the death certificate be executed attending physician. has been signed by the attending physician and cample has been substantially permit. Then please remaye can the purial, crematian, ar removal, and in any event the priar to burial, crematian, ar removal, and in any event			18 CAUSE OF DEATH (Enter only one couse per lige for (o), (o) and (c)) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Relevement 2VA	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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	PHYSICIAN: e haspital ar his certificate stached far u Dept af Heal		AW.	21d INJURY OCCURRED 216, PLACE OF INJURY (AT HOME, FARM, STREET FACTORY) 21F LOCATION Street of R.F.D. No. (ify or Town Other Building, ETC.)	County State
	TO HOSPITAL OR ATTENDING PHYSICIAL Page 4 may be retained by the haspital TO FUNERAL DIRECTOR. After this certifical director, page 3 shauld be detached fail shauld be filled with the State Dept of He			22a. I certify that (I) (this haspital) attended the deceased from 1966, 19 to Resert, 19 sow the deceased alive on 2-2 1968, and that in (my) (aur) opinion death occurred on the date.	, that (1) (we) las
•	OR ATTENDING be retained by the IRECTOR: After to a 3 shauld be de ad with the State			22/ SIGNATURE— / /	TE SIGNED
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	O HOSPITAL OR Page 4 may be 1 O FUNERAL DIRI director, page 3 shauld be filled v		236	BUR AL (REMAT ON, 236 DATE 23°C NAME OF CEMETERY OR CREMATORY 23°C LOCATION (City or Town) /	(County) (Stote)
		1	24	REMOVAL (Specify) DET 31-68 CEDISITE HILL. ADDRESS ADD	AALER MALER
	VR A15		0	Therewit Conce 4001 Brobit Hill DATE 1968 foliand	to Judge



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 16889 1. DECEASED-NAME Lost 2a. DATE OF DEATH First Middle 2b. HOUR and 2 death. law requires that the death certificate be executed within 24 haurs after death. (Type or print) filled in by the funeral papers. Pages 1 and MIERSCH DECEMBER 28,1968 **EDNA** papers. Payer 3. SEX 4. RACE 5 DATE OF BIRTH 6 AGE (In years F UNCER 24 HRS. Jost birthdoy) HOURS 1898 MHITE AUGUST 11. FEMALE 70 BIRTHPLACE (Stote or foreign 75 CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED MEVER MARRIED country) ANNE ARUNDEL U.S.A. WIDOWED K DIVORCED [within 72 MARYL AND TO CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a LSUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street address signed by the attending physician and completely burial-transit permit. Then please remove arbor GLEN BURNIE I, and in any event, 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 3d INSIDE CITY JM TS? 13e STREET AND NUMBER ARUNDE GLEN BURNIE 114 THIRD AVENUE. S.W. 14. FATHER S NAME Lost IS. MOTHER'S MA DEN NAME First Middle First Middle Lost SCHNAPPINGER SCHORR CLARA AUGUST 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCAL SECURITY NO 17 INFORMANT Address Yes, no, or unknown) daughter) MRS. ar removal 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE crematian, Canditions, if only, which gave) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF attending physician. stating the underlying cause burial, PART 2. OTHER SIGN E CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) os the ficate has been 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATIONWAS PERFORMED 20g, AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? ed for use of Health p YES T Page 4 may be retained by the haspital ar 21g ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of mjury in Part 1 ar Part 2, Item 18.) OR CONTR BUTING CAUSE OF CEATH HOUR A.M. Month Doy Yeor (If e'ther, notify medical examiner) P.M. O FUNERAL DIRECTOR: After this cert' be detached 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY) 21+ LOCATION Street of R.F.D. No 21d INJURY OCCURRED City or Town County State While Mat while at work at work 22a. I certify that (!) (this haspital) attended the deceased from 1968, and that in (my) (aur) opinion death accurred an the date and haur and from the shauld causes stated abave, (1) (web (did) (did not) view the body after death 22b. SIGNATURE 22c DATE SIGNED DIRECTOR page; 22e. ADDRESS 22d PHYSICIAN S director, po should be f NAME (Type) 230 BURIAL, CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) REMOVAL (Specify) GLEN PARK HAVEN MEMORIAL GLEN BURNTE VR A15 (4) /}-30M REV 1/68 BURNIE, MD



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 16350 1 DECEASED-NAME Middle Last 20. DATE OF DEATH 2b. HOUR death. requires that the death certificate be executed within 24 hours after death. funeral and CiseRo (Type or print) Month omen and campletely filled in by the two 3. SEX S. DATE OF BIRTH 6 AGE (In years IF UNDER 24 HRS last birthagy) HOURS 76 CITIZEN OF WHAT COUNTRY? Dec. 25-187 YRS 7a. BIRTHPLACE (State or foreign COUNTY OF DEATH 8. MARRIED NEVER MARRIED 21.5.4. DIVORCED Anne ARande 10 CITY OR TOWN OF DEATH

11. NAME OF HOSPITAL OR INSTITUTION (f not in haspital give street oddress)

13. USLAL RESIDENCE (Where deceased lived, if institut on: Residence before 13c C TY OR TOWN 12. 12a USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if ret red) INDUSTRY rémave carban 138 INSIDE CITY LIMITS? adm ssion) STATE 13b. COUNTY 14 FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME physician of 16b. SOCIAL SECURITY NO Address 30/ W. PRESTEN 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Yes, ng, pr unknown) (If yes give war or dates of service) or remayal, signed by the attending burial-transit permit. Th CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND CEATH PART | DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove) rise to immediate cause (o), DUE TO, OR stating the underlying couse attending physician. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the priar to has been priart CERTIFICATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g DATE OF OPERATION CAUSES OF DEATH? YES 🗀 NO | Health (by the haspital ar O FUNERAL DIRECTOR: After this certificate 21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either notify medical examiner) P.M detached 21d. INJURY OCCURRED 21e. PLACE OF INJURY / AT HOME, FARM, STREET FACTORY 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at work 22a. I certify that (I) (this haspital) attended the deceased fram...... and that in (my) (aur) apinian death accurred an the date and haur and from the þ saw the deceased alive an-19 director, page 3 should should should be filed with the 3 causes stoted above, (1) (we) (did) (did not) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING DEGREE PHYS. DIRECTOR PHYS. 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) 23b DATE AOCATION (City or Town) 22a: BURIAL, CREMATION (County) (State) REMOVAL Specify 12 2Sb. REGISTRAR'S SIGNATUR **ADDRESS** FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 30M REV. 1/68



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled to by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers Pages 1 and 2 should be filed with the State Dept of Health prior to burial, cremation, ar removal, and in any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed

Page 4 may be retained by the haspital ar attending physician.

ours after death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16891

CERTIFICATE OF DEATH

	1 DI	ECE ASED-NAME	First		Middle		Last		2a, DATE O	F DEATH			2b. H	OLIR
ì		ype ar print)	A1n	na Vi	rginia		Moor	e		Mgnth 12	$2^{\log \gamma}$	68.		Oa M
	3 \$1	X		4. RACE			S. DATE OF E	BIRTH		6 AGE (In year	rs _	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 2	HRS.
		Female		Neg	ro		9	/26/05		last birthday)	YRS.	MUNITO CATS	PUURJ	लिलि.
	7a	BIRTHPLACE (State or foreig	ın 7b	CITIZEN OF WHAT CO	UNTRY?	8. MARRIE	D 🔼 NEVER MA	RRIED 🗍	9 COUNTY O	F DEATH				
	LOUI	Virgina		UB		WIDOWE	D DIVO	RCED 🔲	Anne A	Arundel				Md.
	10. (ITY OR TOWN OF DEATH			HOSPITAL OR INS					N (Kind of work		12b. KIND OF I	BUSINESS (OR
06	L	Crownsville						al gaining m	ast at warking	g life, even if ret	ned)	INDUSTRI		
A	13e	USUAL RESIDENCE (Where	deceased	fived, if institution Ri	es dence befare	13c. CITY (OR TOWN	13d INSIDE CITY L		TREET AND NUMB	BER			
2 1	Guill	Mary Land		Balto-	- American de la compansa de la comp	Balt	<u>imore</u>	YES N	91	Cherry	Hi.	ll Road		
4	14.	FATHER'S NAME First		Middle	Lost		1S. MOTHER'S M	AIDEN NAME I		Mid	ldle		Last	
	L.		Will		Brown				Isabel			Br	own	
		WAS DECEASED EVER IN L. 'es, no, or unknown) (1)			OCIAL SECURITY N	60	. INFORMANT			Addi				
		no		it	n lenosan-		Hospita	1 Reco	rds, Ci	cownsvil	le.		nd	
		1B. CAUSE OF DEATH (Er PART 1, DEATH WAS			4 11 4 11								NSET AND OF	
		PAKI I, DEALIT WAS	MEDIATE	Y: CAUSE (a) <u>My o</u>	cardial	Infa	rction							
				DUE TO, OR AS A CO										
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		stating the underlying (DUE TO, OR AS A O	ONSEQUENCE OF									
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		PART 2 OTHER SIGNIFICA	NI CONDII	HONS CONTRIBUTING	O DEATH BUT NO	// KELATED	10 THE TERMINA	AL DISEASE OK	CONDITION GIV	IN IN PAKE !(0)				
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2	CERTIFICATION	170. DATE OF OPERATION	17D. COP	ADITION FOR WHICH OF	EKAHON WAS FER	TORMED	YES [CALIC	S OF DEATH?	711103 CO	MOIDERED IN CL	KIII) ING	
pr.	ERT	21a ACCIDENT WAS UND	ERLYING	216 TIME OF INJUI	RY	21c				ury in Part 1 ar F	Port 2 If	tem IB3		
		OR CONTRIBUTING CAUSE	OF OEATH	HOUR A.M. Mai	nth Day Year			(2.11)		.,				
	MEDICAL	(If either, natify medical 21d, INJURY OCCURRED		ACE OF INTERY LAT HO	19 Me, farm, street, fac		LOCATION Stre	net or R.F.D. No	ı. Cıt	y ar Tawn	-	County	Str	ote
		While Nat while at wark		OFFICE	BUILDING, ETC.	/				,				
	1	22a. I certify that (1) (this	hospital) attended	the deceose	d from_	11/30	, 19	68_, to	12/2	_, 19_0	68_, that	(I) (we) lasi
		saw the decea	sed alive	e an <u>12/2</u> l) (we) (did) (did i		9-680	ind that in (n	ny) (our) op	inion deoth	occurred on t	he dat	e ond hour o	and from	m the
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ref.	230	BURIAL, CREMATION,	23b. DAT		23c. NAME OF (EMFTERY (OR CREMATORY		23d LOCAT	ION (City or Town	n)	(County)	(State)	
X	-00	BM9Y4 & Decity)		7-68		Aubu				altimore				
1	24	FUNERAL DIRECTOR			ADDRESS			2Sa. REC'D 1	BY REGISTRAR	2Sb. REGIS				
/68		Charles R. I	WS	802 Madiso	on Ave/.	Balt	to. Md.	DATEDEC	9 19	168 20	lay	les Ind	at.	



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16892 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME Middle Lost 20 DATE KNOWN TE Month 2b HOUR Dov Year (Type or Print) OF ESTIdelay 1. Page 8:pM) O EMMAGENE MOULDEN 19 68 DEATH MATED 6 AGE (In years IF JHDER I YEAR 4 RACE IF UNDER 24 HRS 3. SEX 5 DATE OF BIRTH 2c DATE PRONOUNCED DEAD 2d HOUR Female Colored 1968 8р м 70 BIRTHP ACE (Stote of Toreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED OF NEVER MARRIED 9. COUNTY OF DEATH Give Pages 1, farm country WIDOWED DIVORCED [T Anne Arundel 10 CITY OR TOWN OF DEATH 11 NAME OF HOSP, TAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street address) during most of work ng if even if retired:) INDUSTRY Harwood Harwood 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER 130 USUA, RESIDENCE (Where deceosed lived, if institution Residence before 13c CITY OR TOWN admission) STATE 13b. COUNTY in penal in Item 18. YES 🔲 NO 🔀 Anne Arundel Harwood Harwood Office l and 2 after 14 FATHER S NAME 1 Lost Middle pages haurs the Chief Medical Examiner's 12 INFORMANT 16b. SOCIAL SECURITY NO This certificate shauld be executed within (Yes, na, or unknown) File 72 APPROXIMATE INTERVAL within 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c)) permit. BETWEEN DISSET AND DEATH PART I DEATH WAS CAUSED BY "pending" Burns IMMEDIATE CAUSE (a), event DUE TO, OR AS A CONSEQUENCE OF burial-transit Canditians, if any, which gave nse ta immediate cause (a). writing the ward any DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .⊑ PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O removal, CERTIFICATION 190. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? please execute the certificate. NO pe 0 210 EXTERNAL CAUSE WAS 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21b TIME OF INJURY Month, Dov. Year 3 should MEDICAL PRIMARY X OR CONTRIBUTING HOUR A.M. crematian, DICAL EXAMINER: CAUSE OF DEATH 12 27 68 Passenger in auto-auto coll 21d INJURY OCCURRED 21e PLACE OF INJURY (At hame, farm, street, 21f LOCATION Street or R.F.D. No City or Town County State DIRECTOR: Page factory, affice building, etc.) far yaur WHILE NOT WHILE Rt. 2 Ha rwood Street Md 220 | certify that I took charge of the remains described above, held an Autopsyxx, Inspection [Inquiry and in my opinion retained deoth resulted from. Accident XX Suicide | Homicide Natural causes Undetermined monner prior to CHIEF MEDICAL EXAMINER ACTUAL 22b DATE SIGNED ASS STANT MEDICAL EXAMINER FUNERAL SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** Health NAME (Type ADDRESS(Street, city, town, or county) Kornblum. 0 BUR AL CREMATION. 23c NAME OF CEMETERY OR CREMATORY 23d LORATION (City or Tawn) (County) 25a RECD BY REGISTRAR 2Sb REGISTRAR S SIGNATUR VR A15ME (1968



with the State Deportment of

eath. ofterd 1 and 2

Health prior to burial, cremotion, or removal, and in any event within 72 hours 5 may be retained for your files.

O FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File page

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

16893

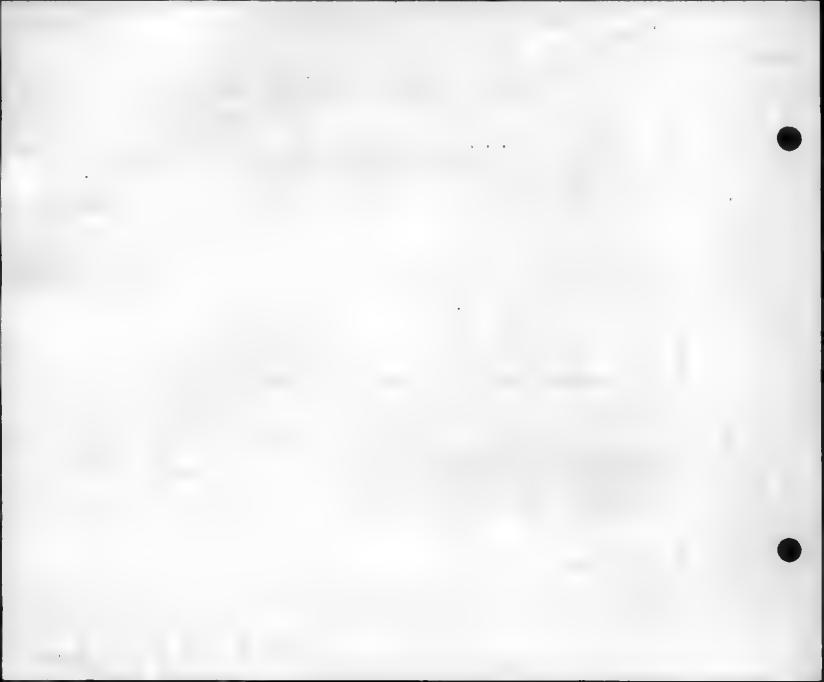
М	ED	IC.	ΔL	EΧA	MINER'S	CERTIFICATE	OF DEATH

	Type or Print)	Charl	cs.	Middle		NAKI	ER	OF EST		28 Gg	25 HOUR
3 5	EX 4. F		DATE OF BIR	TH 0-30	6 AGE (In years lest birthday) 38 ye	IF UNDER 1 YEAR MONTHS DAYS	F UNDER 24 HOURS	HRS. 2c DATE PROM	OLACED DEAD	F Year 68	2d HOUR
Ża	BIRTHPLACE (State or		CITIZEN OF WHA	1		S NEVER MA	ppice 21 c	9. COUNTY OF DEATH	1 . 7	1924	" M
	my) Maryla		U.S.A		1		DRCED	A.A. Co			Md
10 (CITY OR TOWN OF DEA	ATH .				N (if not in posp.tq)		JAL OCCUPATION (Kind		126. KIND OF BL	
9	/	Nie	give st	reet address) A-NOC.	1h. A1	ronde/.	Dock	nost of working life, e C main	ven if ret red.)	W.T. Co	wan
/30.	USUAL RESIDENCE (V		lived, if institut	tion Residence b	efore 13c. CIT	Y OR TOWN	3d. INSIDE CITY LIM				
		COTATOTA.	36 COUNTY			1timore	YES X NO		. Eutaw	Street	
14. 1	FATHER S NAME	First	Middle		Lost	IS MOTHER'S MA		First	Middle	Lo	ost
			L. Nar				Anna E	lizabeth 1			
160	WAS DECEASED EVER IN Yes, no, or unknown)	I U.S. ARMED FORC		166 SOCIAL SECUI		17 INFORMANT	1 %		ADDRESS	-	Md.
	Yes	1951		212-28-	6599	Mrs. Dor	is Leo	nard, 738	Bridge		sadena
	18 CAUSE OF DEA	ATH (Enter only or I WAS CAUSED BY	ne couse per lin	ne for (o), (b), an	d (c).)	()/)	1				SET AND DEATH
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	4109	, high many b	DUE TO, OR	AS CONSEQUEN	CE OF	V				2	2
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	PART Z OTHER SIGN	FICANT CONDITION	N2 CONTRIBUTE	NG TO DEATH BUT	NOI KELATEL	J TO THE TERMINAL I	JISEASE OR CO	NDITION GIVEN IN PAR	1 1(0)		
NO.	190 DATE OF OPERA	ATION		19b. CONDITION I	FOR WHICH O	PERATION				20. AUTOP	SY?
CERTIFICATION				WAS PERFOI	RMED?					YES	NOV
GRI	210 EXTERNAL CAUS			NJURY Month, Da	y, Yeor	21c. HOW INJURY O	CCURRED (Ente	er nature of injury in P	art 1 or Part 2, I		
MEDICAL	PRIMARY OR COL	NTRIBUTING	HOUR A.A		19						
MED	21d INJURY OCCURR		E OF INJURY (A	t hame, farm, str	eet,	21f LOCATION Street	ar R.F D. No.	City or To	γn	County	State
	AT WORK AT WO		, office building	g, etc.)							
	22a. I cer	rify that I teck	charge of th	ne remains des	cribed aba	ve, held an Auto	psy 🔲,	Inspection 🔀,	Inquiry 2	and in I	my opinian
	death result	ed from	Natural caus	es 🔼 , Acc	ident [],	Suicide,	Hamicide	Undeterm	ined manner		
	1	SV	1)			CHI	EF MEDICAL EX	XAMINER			
	SIGNATURE	Munde	ack					AL EXAMINER	22b. DAT	ESIGNED!	
	EXAMINER'S NAME (Type)	F.L	Shork	aff-		DEF	PUTY MED CAL DRESS(Street, c	EXAMINER A	171	18/68	
230	BUR AL CREMATION	, 23b DA	TE	23c NAM	E OF CEMETER	Y OR CREMATORY		23d LOCATION (City	ar Tawn)	(County)	(State)
	REMOVAL (Specify) BURLAL	12	-31-196	Se Loud	on Par	k Cemeter		Baltimo			
	FUNERAL DIRECTOR			,	ADDRESS		2So RECD I	BY REGISTRAR 2	Sb. REGISTRARS	SIGNATURE	-
1 1	Howard H	Hubbard	/(107	Williams	A 37.0	21220	LDEC	3 1 1969	Ollen	ala Cart	4.0

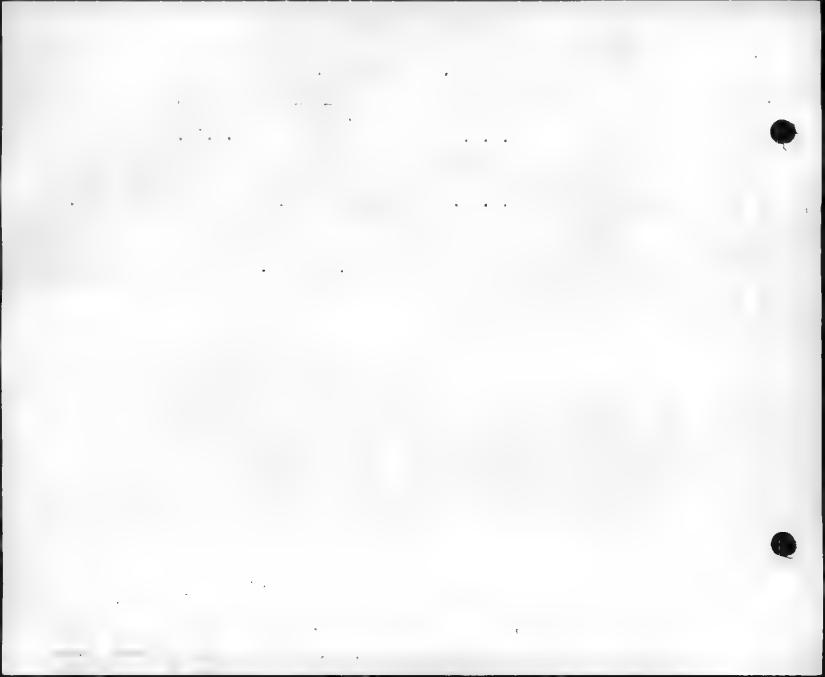
VR A15ME (5) 10M REV, 1/68

TO DEPUTY

O DEPUTY DICAL EXAMINER: This certificate should be executed within 24 hours offer death any delay is necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office, along with form PM3. Page



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16894 CERTIFICATE OF DEATH 20 DATE OF DEATH M ddle Inst DECEASED NAME 2b. HOUR requires that the death certificate be executed within 24 haurs after death (Type or print) Gladys 12 Manth 30 Day 68 Year 0. Necessary 4 RACE S DATE OF BIRTH 3 SEX 6 AGE (In years IF UNDER YEAR last testhdoy) White 4-29-20 Female 7a BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED X NEVER MARRIED 9 COUNTY OF DEATH Kentucky A.A.Co. U.S.A. WIDOWED [D-VORCED [10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (finat in haspital 12a USUAL OCCUPATION (Kind of work dane 126 KIND OF BUSINESS OR North arundel Hospita Funng House wiff wen if retired) Uwn Home Glen Burnie 13c CITY OR TOWN 13a USUAL RESIDENCE (Where deceased I yed, if institution, Residence before 136. IRSIDE CITY LIMITS? 13e STREET AND NUMBER Mary land Glen Burnies X 2000 Preston Rd. NO 🗆 edse remo 14. FATHER S NAME IS MOTHER'S MAIDEN NAME First Middle Jeff Jansilla (Unknown) France 166. SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address Yes, no, or unknown) 400-14-3324 (husband) Mr. Floyd T. Necessary Same 18. CAUSE OF DEATH (Enter only one cause per ine for (o), (b), and (c))
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) signed by the burial-trans't p Conditions, if any, which gove) rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED. 20g AUTOPSY? CAUSES OF DEATH? YES 🔲 NO T ZIG ACCIDENT WAS UNDERLYING 215 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18) þ OR CONTR BUTING CAUSE OF DEATH HOUR A.M. Month Day Year 2 d Maury OCCURRED 21e PLACE OF INJURY (AT HOME FARM, STREET FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County State While Not while of work 22a I certify that (1) (this haspital) attended the deceased fram , fo , and that in (my) (aur) apinian death accurred an the date and haur and from the saw the deceased alive on..... causes stated above, (1) (we) (did) (did nat) view the bady after death 226. SIGNATURE 22c DATE SIGNED director, page should be filed DEGREE DIRECTOR 22d. PHYSICIAN'S 22e ADDRESS E ARRABA (23d LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (County) 230 BURIAL, CREMATION 23b, DATE Jan 2.1969 Meadowridge Mem. Park Elkridge RFD Marvland REC'D BY REGISTRAR
AN 3 191 Glen Burnie, Md. 30M REV



Ch 1 d	I	tems 1 & 6 Fil	MARYLAI	ND STATE DEPARTMENT OF F , 301 W. PRESTON STREET, BALT	HEALTH	
0	1	/6/69 kk 1	CASS	CERTIFICATE OF DEATH	IMURE, MAKTLAND 21201	16895
er death funeral 1 and 2 er death.		ECEASED-NAME First (ype or print) John	Andrew Middle	NEL SON	December Month 21, Do	26 HOURA
within 72 hours after dear within 72 hours after dear	3 5	Male	4 RACE White	S DATE OF BIRTH June	1892 (as arthday) YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MINL
Pers. 72 hou	CON	BIRTHPLACE (Stote or fore.gn Alabama	76 CITIZEN OF WHAT COUNTRY?	WIDOWED DIVORCED	9. COUNTY OF DEATH Anne Arundel (ounty Md.
The same of the sa		Annapolis	give street address) Ar	ne ArundelGeneran		12b KIND OF BUSINESS OR INDUSTRY
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ician and control cont	L	FATHER'S NAME First	. —	IS MOTHER'S MAIDEN NAME F	1 K	tost
ertificate b physician ien please (aval, and i		WAS DECEASED EVER IN U.S. AR.	MED FORCES? Wor or date of the social SECURITY	NO. 17. INFORMANT ALICE A.	Necson Address A	£ 13E
eath c ending mit. It		PART I DEATH WAS CAUSE	nly one cause per tipe for (a), (b), and (c D BY ATE CAUSE (a)	hopnewm	m'a	APPROXIMATE MIERVA. BETWEEN ONSET AND MATH
that the d an. by the att transit per		Conditions, if any, which gave rise to immediate cause (a),	(b)	llenso	- American distribution	2 wl
equres that the physician. Signed by the bur al-transit burial, cremat		stoting the underlying couse lost. 480 X	(c)			
e law requending phase signer signer factor but prior factor fact	NOI	Div	which.	NOT RELATED TO THE TERMINAL DISEASE ORC		24.
IAN: The law ratending of ar affecting been since has been for use as the Health prior to	CERTIFICATION	21a ACCIDENT WAS UNDER YO	CONDITION FOR WHICH OPERATION WAS P	YES NO NO	206 IF YES, WERE FINDINGS C CAUSES OF DEATH?	~
PHYSICIAN: The law re he haspital ar attending this certificate has been elatiched for use as the Bept. of Health prior to	MEDICAL C	OR CONTRIBUTING (AUSE OF DEA (If either, notify medical exami	TH HOUR A.M. Month Day Year	9	nature of injury in Part 1 of Part 2,	Item 18)
⊙ = □ = ⊕	_	at work at wark		CCTORY, 21f. LOCATION Street or R F D No.		County State
== ≪= %		sow the deceased of couses stated above	is hospital) aftended the deceased by the confidence of the confid	ted from / 2 -/ 4, 19/13 / 5, and that in (my) (our) opi body after death.	nion death occurred on the de	te ond hour and from the
OR AT be retain DIRECTO		226 SIGHATURE	milla-pl	MASS ATTENDING M	STAFF 22c	DATE SIGNED
TO HOSPITAL OR ATTENUE Page 4 may be retained O FUNERAL DIRECTOR: A director, page 3 sharuld should be filed with the		22d PHY CIAN S NAME (Type)	M SH/PL-12	22e ADDRESS	napole	- Was
TO HO Page TO FUS direct		BURIAL, CREMATION 235	DATE 23/68 (200)	CEMETERY OR CREMATORY CEM.	ANNIB POLIS	(County) (State)
VR A15 (4)	24	OHN M-TA	LOR. SONS HOW	APALIS HD DATEDEC		signature when Judge



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

16896

		16884	<u> </u>			CERTIF	ICATE OF	DEATH				100	() ()	
		EASED-NAME	First		Middle		Last		2a. DATE OF		D	W-	2b HOUR	-
	(1)	pe or print)	Emeli		Н.	Now	ttnick		l j	Month	Doy 7	1968	115811	1
	3. SE	(4. RACE			S. DATE OF BI	RTH		6. AGE (In year last birthdoy	ors i	F UNDER 1 YEAR ONTHS DAYS	HOURS MIN.	_
L		female		cauc			Nov.	22, 18	81	l 87	YRS.	OWING DALS	DONG MILE	
ſ	7a B	IRTHPLACE (State or for	oreign	7b. CITIZEN OF V	VHAT COUNTRY?	8. MARR	ED 🔲 NEVER MAR	RIED 🗍 🦻	COUNTY OF	DEATH				
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l		Millersvi]	_	give	street address) Kned Lyood	Nursi	ng Home	hos h	ousewi:	life, even if ret	illed j	OWC 1	10me	
ŀ	13a. Idmi	SUAL RESIDENCE (Wh	iere decease	d lived, if instit	ction. Residence before	13c. CITY	OR TOWN	13d. INSIDE CITY LIMI		REET AND NUMI	BER			Ì
Ŀ		SUAL RESIDENCE (Whisian) STATE	rland		e Arndel	Davi	dsonvill	YES NO	7					=
۱	14. F	ATHER'S NAME F	ırst	Middle	teoJ		IS MOTHER'S MA	UDEN NAME Fire	s†	Mic	ddle		Lost	
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l	CERTIFICATION	190 DATE OF OPERATIO	ON 19b. C	ONDITION FOR W	HICH OPERATION WAS P	ERFORMED	20a. AUTO	PSY?	20b IF	YES, WERE FINE	DINGS CON	SIDERED IN CE	RTIFYING	-
I	1FICA						YES 🗀	NO L	CAUSES	OF DEATH?				
ı		21g. ACCIDENT WAS	UNDERLYING	21b TIME			. HOW INJURY OCC			y in Part 1 or	Port 2, Ite	m IB.}		-
ł	EDICAL	OR CONTRIBUTING []	CAUSE OF DEATH	HOUR A.M.		19								
ł	_	21d. INJURY OCCURR	ED 21e		(AT HOME, FARM STREET F OFFICE BUILDING ETC.		LOCATION Stree	t ar R.F.D. No.	City	ar Tawn		County	State	-
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l		saw the de	ceased ali	ve an) (did nat) view the	19 <u>6 k</u> ,	and that in (m [.] er death	y) (our) opin	ian death c	accurred an i	the dote	ond hour o	ind from the	1
l		22b. SIGNATURE	eu ubove,	(i) (majitaio							22c. DA	TE SIGNED		10
ı			5 in	C. H.	hilam,	moo	EGREE PHYS.	IG AE	D. RECTOR	STAFF PHYS.			8	
ı	- 1	22d. PHYSICIAN'S	<i>y</i>				ZZB. ADD	RESS				- 6 44	- a	-
	,	NAME (Type)	Emi	ly H. W	ilson, MD		Lo	thian,	Maryla	nd				_
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	24.	UNERAL DIRECTOR 1	ey c.	conping	ADDRES	3 6	Jang Jang	25a. REC'D BY		2Sb. REG				
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executed within 24 haurs after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certifica

Page 4 may be retained by the haspital or attending physician.

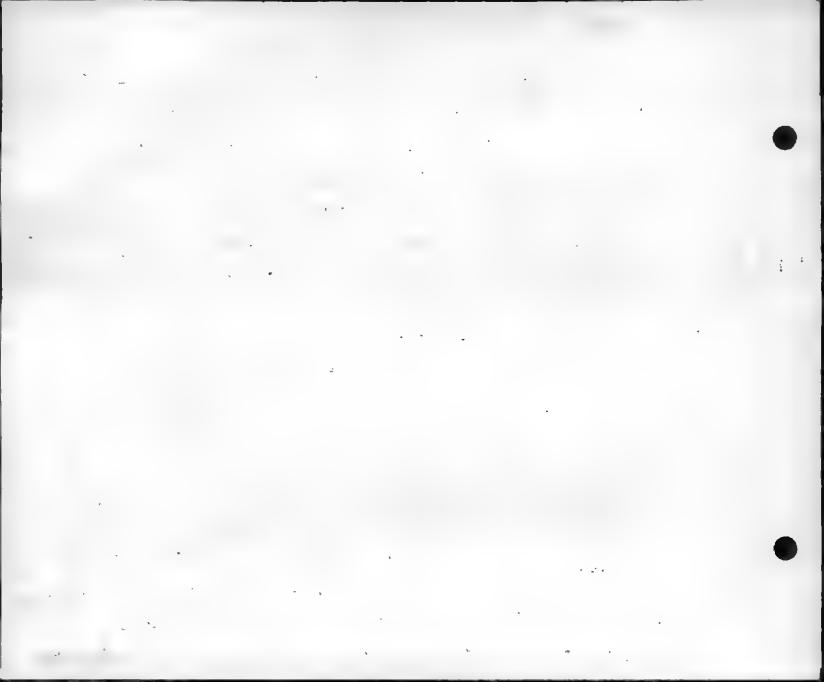
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FOR STATE		10205			CERTIFICATE		21201	168	97
HEALTH DEPT.		ECEASED NAME First		M-ddle	Lost		DATE KNOWN K	Aonth Day Y	eor 25. HOUR
oy is 3 to Page ant of		Type or Print)	MARJORIE	F.	PAYNE		OF ESTI-		1968 10:4
deloy ment ment	3 9	EX 4 RACE	S DATE OF BIRTH	6. AGE (n ye	OF OF UNDER 1 YEAR ON THE OF T		DATE PRONOUNCED DE		2d HOUR
N. A. S.	L.	Female White	1/29/19	932 36	YRS		Month Decemb	er 5 Yeor	68 10:4
E C V Ja		Am all	76 CITIZEN OF WHAT CO		MARRIED NEVER MAR	- 1	OF DEATH		
#		MGM KCIK	U. S. I				ne Arundel		Md
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after albuganter and albuganter a	13a	USUAL RES DENCE (Where deceas dmissian) STATE	1 125 COUNTY				. STREET AND NUMBER		
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hin 24 ncil in I niner's poges I hours (160	WAS DECEASED EVER IN U.S. ARMED F		SOCIAL SECURITY NO	17 INFORMANT	CITZADETI	ADDRESS	Perte	SILI
This certificate should be executed within 24 hours a icate, writing the word "pending" in pencil in Item 18. be forworded to the Chief Medical Examiner's Office a 3 be used as a burial-transit permit. File pages land 2 worremoval, and in any event within 72 hours after de	(es, no, or unknown) (il yes give	Contract the network or new		7 Lawrer	ee Paune		hitman	Drive
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be executed "pending" in nef Medical E onsit permit. F event within	ı	PART I. DEATH WAS CAUSED	BY.	Overdo	se of barb	iturate		BETWEE	N ONSET AND DEATH
e execute pending" ef Medical isit permit vent with	ı	1500	DUE TO, OR AS A						
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e should the word to the Ci burial-tr		last.	(c)						
This certificate should be executed ficate, writing the ward "pending" in be farwarded to the Chief Medical Ed be used as a burial-transit permit. For removal, and in any event within		PART 2 OTHER SIGNIFICANT CONDI	TIONS CONTRIBUTING TO	DEATH BUT NOT RELAT	ED TO THE TERMINAL DIS	SEASE OR CONDITION GI	VEN IN PART 1(a)		
vertificat writing rwarded rsed as a	S S	19g. DATE OF OPERATION	19b	CONDITION FOR WHICH	OPERATION			20 AI	UTOPSY?
This certificate, writificate, writificate forward be used or removal	CERTIFICATION			WAS PERFORMED?				1	S FJ. NO T
0		21a EXTERNAL CAUSE WAS	216 TIME OF INJUR	Y Manth, Day, Year	21c. HOW INJURY OCC	URRED (Enter noture of	injury in Part 1 or Pa		
INER: Tie certifice should by files. 3 should a should by a should by a should by a should by a should be a should	MEDICAL	PRIMARY X OR CONTRIBUTING CAUSE OF DEATH	Unk.pm	c.4 er 19 68		d overdos			
	₩	21d INJURY OCCURRED 21e. F	LACE OF INJURY (At hor tory, office building, etc.	ne, torm, street,	21f LOCATION Street or		City or Town	County	State
		AT WORK AT WORK		поше			Burnie	A.A.	Md.
Ty bloose executed from the first part of the form of		22a. I certify that I to				-		* Samuel	in my opinion
bic, leose e d rectar d rectar d rectar rectar DIRECT r to bt.		death resulted fram:	Natural causes [, Acc dent	, Suicide 🔀,	Homicide, l	Indetermined mo	nner 🔲	
d retain		ACTUAL / 2	1 1/1/	11		MEDICAL EXAMINER		B. W. clause	
UTY, nerd be be Pri		SIGNATURE	of VI Ken			TANT MEDICAL EXAMINE TY MEDICAL EXAMINER	`_AA.	DATE SIGNED	
o DEPUTY necessary, p the funeral 5 may be r 5 FUNERAL Health price		EXAMINER'S NAME (Type) Roma	ld N. Korn	hltm MD		ESS(Street, city, town, c		/5/68	
TO DEPU necessar the fune 5 moy b TO FUNER Health	23a	BURIAL CREMATION, 23b	DATE		ERY OR CREMATORY		AT ON (City or Town)	((aunty)	(State)
0			2/9/68	Baltimo	re Nation	al Ba	ltimore,	Md.	
VR A15ME GAN		FUNERAL DIRECTOR	1 0-	ADDRESS	1	250 REC D BY REG STR	AR 2Sb REG ST	RAR S SIGNATURE	
10/4 REV 1 AB	1	Raymond C. Fi	nk Eler	Burnie,	Md.	DATE DEC 9	1968	Charles !	ndge



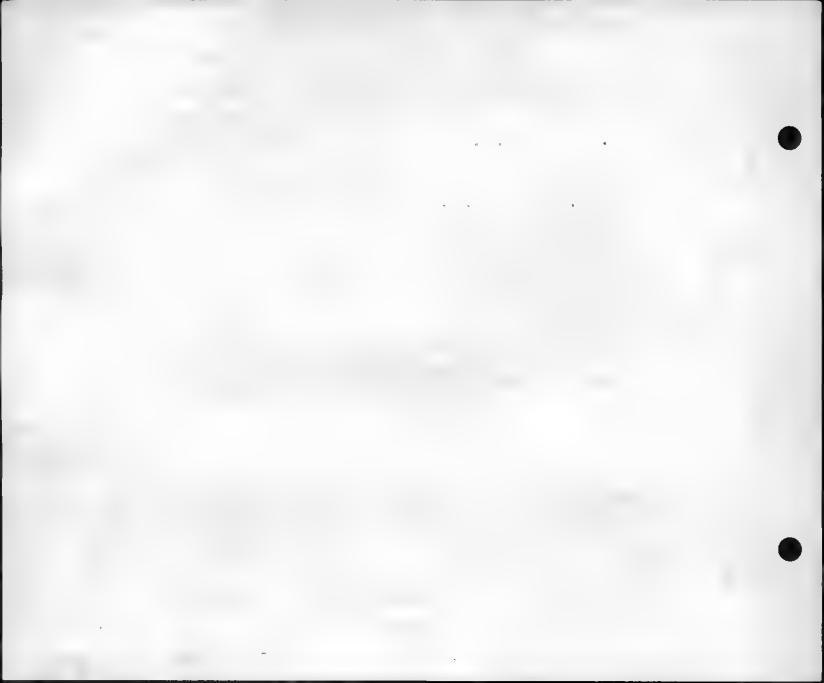
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VR A15 (4) 30M REV 1/68





MARYLAND STATE DEPARTMENT OF HEALTH 16888 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16900 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE TH DEPT. Middle 1. DECEASED-NAME Ferst 20. DATE KNOWN Month Year (Type or Print) ESTIhodes Tlizabeth 4 DEATH MATED delay 3 SEX 4. RACE AGE (In veors JE UNDER 1 YEAR IE UNDER 24 MRS 2c DATE PRONOLINCED DEAD S DATE OF BIRTH puc rest birthday) 2 2 Year 51 YRS 70 BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9 COUNTY OF DEATH country) U. S. WIDOWED | DIVORCED [Giver Pages NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 24 hours after death ID. CITY OR TOWN OF DEATH 12b KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY aloye 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER death RESIDENCE (Where deceased lived, if institution: Residence before) 13c with admission) STATE 13b COUNTY Riveria YES Kenwood l and 2 tem 4 shauld be farwarded to the Chief Medical Examiner's Office after IS MOTHER'S MAIDEN NAME 14 FATHER'S NAME First Middie Last Lost William Theresa Fope pages haurs 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** pencil This certificate shauld be executed within (Yes, na, ar unknawn) Mr. Edward W. Rhodes 242 Kenwood File 72 APPROXIMATE INTERVAL within 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) permit. I BETWEEN ONSET AND DEATH pending PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if only, which gave rise to immediate couse (a). writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause .⊆ OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 0 90 remayal, nsed 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? pe YES 🗔 5 21g EXTERNAL CAUSE WAS 21b TIME OF NJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 3 shauld PRIMARY OR CONTRIBUTING MEDICAL HOUR A.M. DICAL EXAMINER: crematian, CAUSE OF DEATH P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No. City or Town County State 5 may be retained for your in TO FUNERAL DIRECTOR: Page 3 Health prior to burial, crema factory, office building, etc.) AT WORK AT WORK 22a. I certify that I taak charge of the remains described above, held an Autopsy (Inspection Inquiry and in my apinian the funeral director. Accident death resulted fram. Natural couses Suicide Hamicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATUR O DEPUT DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) ADDRESS(Street, city, tawn, ar county) 23g BURIAL CREMATION. 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Fown) (County) (State) REMOVAL (Specify) 12/26/68 Buria Woodlawn Cemetery Baltimore 24 FUNERAL DIRECTOR 250 REC D BY REGISTRAR 25b REG STRAR'S SIGNATURE VR A15ME (5) Patapsco Ave. Balto. Md. 21225 10M REV 1/68



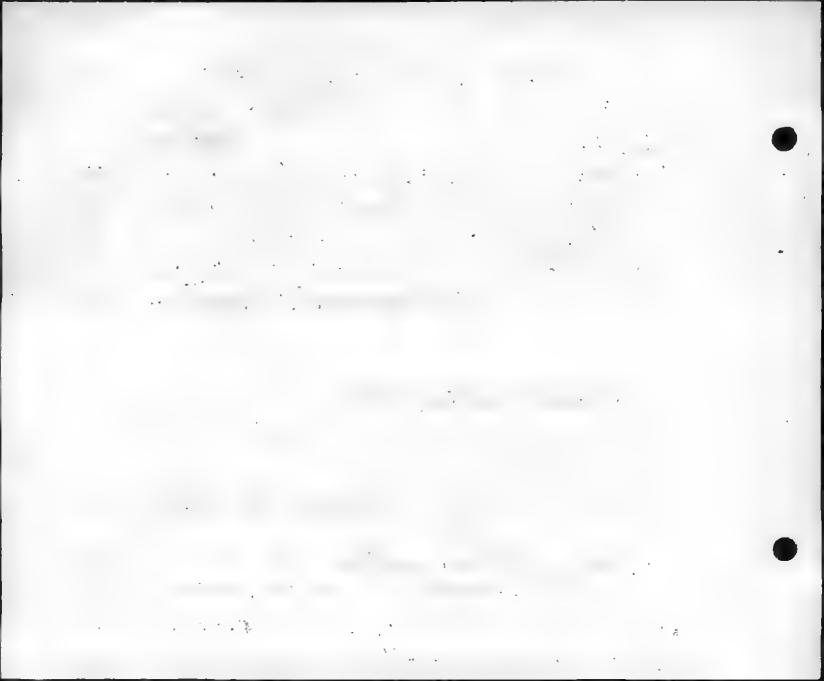
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16889 CERTIFICATE OF DEATH 16901 I. DECEASED-NAME First Middle Last 2a. DATE OF DEATH 2b. HOUR hours after death (Type or print) Manth 40 3. SEX 4 RACE S. DATE OF BIRTH 6 AGE (In years IF LUNDER 1 YEAR IF UNDER 24 HRS last bathday) MONTHS DAYS HOURS 7a. BIRTHPLACE (State og fareign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATE 8. MARRIED NEVER MARRIED country) DIVORCED WIDOWED requires that the Immth certificate be executed within 24. within 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPA 12b KIND OF BUSINESS OR carbon and camplete event, 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER admission) STATE 13b. COUNTY remove any 14 FATHER'S NAME Middle IS MOTHER'S MAIDEN NAME First Last crematian, ar remayal, and in アブエヤラ みりデモル CHOLSOR please physician Address CHERRY ITP RTS 16a. WAS DECEASED EVER IN U.S ARMED FORCES? 16b. SOCIAL SECURITY NO 7. INFORMANT Yes, na or onknown) (If yes give war or dates of service) RSHMIFF BOX 270 ALLOP HD attending poermit. The 18. CAUSE OF DEATH (Enter only one cause per lin for (a), (b), and (c). WEEN ONSET AND DEATH PART | DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR signed by the a burial-transit per burial, crematia Canditions, if any, which gave: rise ta immediate cause (a), DUE TO, OR attending physician. stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the priar to b has been CERTIFICATION 19a, DATE OF OPERATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? Health p YES 🗔 NO T O FUNERAL DIRECTOR: After this certificate by the haspital or 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) far OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year 70 (If either, natify medical examiner) P.M detached Dept. (AT HOME FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town State County While Nat while at wark at wark State ATTENDING 22a. I certify that (I) (this haspital) attended the deceased fan saw the deceased alive an 19 and that in (my) (aur) apinian death accurred an the date and haur and fram the , page 3 shauld be filed with the be retained causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE ATTENDING PHYS O MOSPITAL OR DEGREE DIRECTOR Page 4 may 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) directar, shauld NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 23b. DATE. 23d LOCATION (City or Town) (County) **FUNERAL DIRECTOR** 25a. REC'D BY REGISTRAR 2Sb. VR A15 (4) 30M REV



1DM REV 1/68



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16903 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR attending physician and campletely filled in by the funeral permit. Then please remave carban papers. Pages 1 and 2 ion, ar remaval, and in any event, within 72 haurs after death. (Type or print) Month 💉 DEC 4. RACE 6. AGE (In years 3 SEX DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS Leath certificate be exempted within 14 Fours after lost birthoovi 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIEO WIDOWED DIVORCEO [10. CITY OR TOWN OF DEATH HOSPITAL OR INSTITUTION (If not an haspital 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before CITY OR TOWN odmission) STATE 136 COUNTY 14 FATHER'S NAME Middle Last Middle Last 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO INFORMANT Address Yes, no, pr unknown) 18. CAUSE OF CEATH (Enter only one couse per line for (g), (b), and (c) BETWEEN DISET AND DEATH PART I, DEATH WAS CAUSED BY: crematian, OUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove) burial-transit rise to immediate cause (a), OUE TO, OR AS A CONSEQUENCE OF signed by stoting the underlying couse burial CONTRIBUTING TO DEATH BUT-NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) this certificate has been as the 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? CAUSES OF DEATH? NOV YES [far USe of Health 21a. ACCIDENT WAS UNDERLYING 121c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY DR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, natify medical examiner) P.M. (AT HOME FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No OFFICE BUILDING, ETC. 21d. INJURY OCCURRED 21a, PLACE OF INJURY State City or Town County While Nat while at wark Page 4 may be retained by the OFUNERAL DIRECTOR: After 22a. I **certify** that (I) (this haspital) attended the deceased from 2, 1908, ta 1771, 1908, that (I) (we) last saw the deceased alive an 1908, and that in (my) (our) apinian death accurred on the date and haur and from the causes stated above, (I) (we) (did) (did not) view the bady after death. filed with the S 22b, SIGNATUR 22c DATE SIGNED DIRECTOR 22e. ADDRESS PHYSICIAN'S director, should FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE 30M REV, 4/68



Annacolis

التدريدة فلاستهامته فأفراهم المراجعة

VR A15ME (5) 10M REV 1/68 25b REGISTRAR'S S GNATURI

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State

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INDUSTRY



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TO FUNERAL DIRECTOR After this certificate has been signed by the attending physician and campletely filled in by the suneral director, page 3 should be detached for use as the berial-transit permit. Then please remave carbon papers. Pages and 2 should be filled with the State Dept. of Health prior to burial, crematian, ar remaval, and in any event, within 72 haurs after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certification

Page 4 may be retained by the haspital ar attending physician.

VR A15 (4)¹ 30M REV, 1/68

xecuted within 24 haurs after death

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	J. C. C.			(ERTIF	ICATE OF	DEATH		1	6905		
	CEASED-NAME ype or print}	First		Middle		Lost		DATE OF DEATH	. Dave	V	2b HOUR	
`	. ,	ROBERT	Γ	(N)		SCHULT	Z De	ecember Month	13 Day	1968 01	D825A	
3 ZE	MALE		4 RACE CAU	CASTAN		S DATE OF B	rch 1897	6 AGE (I	yeors hdoy) YRS.	AF JNOER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN	
7o. 8	IRTHPLACE (State	or foreign	76. CITIZEN OF V	VHAT COUNTRY?	8. MARRIE	D NEVER MAR	RIED 9. CC	DUNTY OF DEATH	•			
EGUI	Maryla	and	U.	.s.	WIDOWE			Anne Arund	le l		Mo	
10 C	ITY OR TOWN OF	DEATH		NAME OF HOSPITAL OR INS street oddress) Nava I Hos				CUPATION (Kind of s		12b KIND OF INDUSTRY,	BUSINESS OR	
	Annapoli			,	pital			working life, even		14	SUI	
admi	usual Residence ssion) STATE Mary		13b. COUNTY Anne	etian: Residence befare		or fown inapolis	YES NO	13e STREET AND I		eet		
14. F	ATHER'S NAME W	first /illiam	Middle (N)	Schult	tz	1S. MOTHER'S M	AIDEN NAME First Ma	ry	M.ddle He i se		Lost	
	WAS DECEASED EV		ED FORCES?	16b. SOCIAL SECURITY N	10 17	. INFORMANT			Address	201 Shi	ley	
	es, no, or unknown Yes	1917-	- 1947	220-09-59	50	William	Joseph S	chultz	Ann	apolis,		
	18. CAUSE OF D PART I. DEA	THE WHAT CALLET IN	DV	line for (o), (b), and (c).		THROMBOS	SIS				MATE INTERVAL NSET AND DEATH OUTS	
	Canditions, if on	u Lhich mmax		AS A CONSEQUENCE OF				DISEASE				
	rise ta immedia	ite couse (o),		RTERIOSCLE	ROTIC	CARDIO	VASCULAR	DISEASE				
Н	stating the unde	erlying cause		AS A CONSEQUENCE OF								
Н	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)											
	4 :											
CERTIFICATION	190 DATE OF OPER	RATION 19b. (ONDITION FOR W	HICH OPERATION WAS PER	RFORMED	FORMED 20a. AUTOPSY? 20b. IF YES, YES NO CAUSES OF I			WERE FINDINGS CONSIDERED IN CERTIFYING EATH?			
	21o. ACCIDENT V				21c.	HOW INJURY OC	URRED (Enter natu	ure of injury in Part I	ar Part 2,	Item 18.)		
MEDICAL	or contributing	medical exomin	er) P.M	. 19								
	21d. INJURY OCC While Nat w of work of we	hile 🔲		(AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.				City or Town		County	Stote	
	22a. I certify	that (I) (thi	s hospital) at	tended the decease	d from	12 Dec	, 19_68	, to <u>13</u> 0€	C , 19.	5,4hat	(I) (we) las	
	ronzez z	deceased at toted above	ive an , (I) (we) (did) (did nat) view the b	9 <u> </u>	ind that in (m r death.	y) (our) opinion	death occurred			and from the	
	22b. SIGNATURE	ah l	- OM	likes	DE	GREE PHYS	NG MED.	OR STAFF PHYS.	22c.	DATE SIGNED 12-13	3-68	
	22d. PHYSICIAN S NAME (Type		BRICKEI	LT MC US	NR	22e. ADD NA		ITAL, ANNAF	POLIS,	MD.		
230	BURIAL, CREMATION REMOVAL (Specific	ON, 23b C	PATE	23c NAME OF O	CEMETERY,		230	LOCATION (City or	Tawn)	(County)	(Stote)	
	FUNERAL DIRECTOR	R		ADDRESS	9071) - -	2Sa. REC'D BY REC	GISTRAR 2Sb.	REGISTRAR'S			
Jo	nn Taylo	or & So	ns,Annap	oolis, Md.			DATE DEC 1	8 1968	ycho	was Jay	ASE	



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-	1		44	13 82 0 651 CERT	IVISION OF VITA	L RECORDS, 30		STON STREET, BALT	IMORE, MAI	YLAND 21201	4004	0.0
				TOO LA CERT	FICATE AME	NDED CE	RTIFICA	TE OF DEATH			1690	
death.	and 2 death.			CEASED-NAME First ppe or print) Frank		Middle	Serie	Last	2a. DATE OF	Month 12 Day	y 3 Yeor 6	58 2b 3500
after :	the fur ages 1 s after		3. SE	Male	4. RACE White		2	3-7-18		6. AGE (In years lost birthday) YRS.	#F JNOER 1 YEAR MONTHS DAYS	
be executed within 24 haurs after death.	signed by the attending physician and campletely filled in by the funeral burial-transit permit. Then please remave carban papers. Pages I and 2 burial, crematian, ar removal, and in any event, within 72 haurs after death.		7o B coun		U.S.A		WIDOWED 🗌	DIVORCED _	9. COUNTROF Ann	Arundel.		M
within 2	ely fille ban par within	J. 190		ty or town of death Glen Burnie	a Ad Sice A	HOSPITAL OR INSTITUTION	l Hosp	ital Men	AL OCCUPATION	(Kind of work dane	125 KIND O	ainers co
cuted	ampleti ave carl event,	/	13o odmi	USUAL RESIDENCE (Where deceased	lived, if institution R 13b. COUNTY	Arcinde 1			205	REET AND NUMBER 3 Harmans		
exe	remo	1	14 F.	ATHER S NAME First	Middle	Lost	15. A	NOTHER'S MAIDEN NAME		Middle		Lost
4	se r			Joseph Seri					Selby			
To to	physician o nen please toval, and ir		16o. Yı	WAS DECEASED EVER IN U.S. ARMED es, no. or unknown) ("Fyes give word Yes WW I	r dates of service)	SOCIAL SECURITY NO 3-01-860	7.6	RMANT is E. Serio	2052	Address	00110 5	11220
1	hen hen			1B. CAUSE OF DEATH (Enter only			2 DOT	Is E. Serio	, 2003	narman Av	APPRO.	XIMATE INTERVAL
4	attending p permit. The ian, ar remo			PART I DEATH WAS CAUSED E	IY Y	(a), (b), and (c).)	/	N T			BETWEEN	ONSET AND DEATH
de	atter ermi			4/10 IMMEDIATE	DUE TO, OR AS A C	ONSEQUENCE OF		1	>			
#	the sit p		П	Conditions, if any, which gave nise to immediate cause (a),	(b)			434				
# # E	signed by the attendi burial-transit permit. burial, crematian, ar n		П	stating the underlying couse	DUE TO, OR AS A C	ONSEQUENCE OF						
oires Nysic	inal,			PART 2 OTHER SIGNIFICANT CONDI	(c)	TO DEATH BUT NOT	DELATED TO T	UE TERMINA D.CEASE OR	CONDITION CIVE	I IN DADT 1(-)		
redi	a Siring				HOMS COMIKIBUTING	IU DEATH BUT NUT	KEDATED TO T	HE TERMINAL DISEASE OR	CONDITION GIVE	IN PAKI I(U)		
he law	has bee e as th h prior t	X	CERTIFICATION	.90. DATE OF OPERATION 19b. CO	NDITION FOR WHICH OF	PERATION WAS PERFO	DRMED	20a. AUTOPSY? YES NO	CALISES	YES, WERE FINDINGS (OF DEATH?	CONSIDERED IN	CERTIFYING
CIAN: 1	tificate far us of Healt		MEDICAL CER	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical examine)		RY nth Day Year	21c HO₩	INJURY OCCURRED (Ente	r nature of inju	y in Part 1 or Part 2,	Item 18)	
PHYSI	this cer detache			21d INJURY OCCURRED 21a Pt White Mat white	ACE OF INJURY (AT HO	ME FARM STREET FACTOR BUILDING, ETC		TION Street or RFD No		or Town	County	State
ATTENDING PHYSICIAN: The law requires that the death certificate stained by the hasoital or attending physican.	TO FUNERAL DIRECTOR: After this carificate has been a director, page 3 shauld be detached for use as the behaveled be filed with the State Dept. af Health prior to be			22a I certify that (I) (this saw the deceased ally causes stated obove,	hospital) attended te on	the deceased 19 not) view the bo	from / C ond t	7-3-, 19-1 hot in (my) (our) op ath.	all, to inion death o	ccurred on the do	, tha ote and hou	it (1) (we) la: r ond from th
OR ATI	e 3 sho			22b SIGNATURE	AND	and	DEGREE	ATTENDING ATTENDING	MED DIRECTOR		DATE SIGNED	-68
SPITAL 4 may	FERAL I	1		22d PHYSICIAN'S NAME (Type)	Dorks	m, No	1.D	229. ADDRESS # # 32 5 # # 2	_/	-	, G. B.	uning
OH (direct Shaul		230	BURIAL, CREMAT ON, 23b DA	-6-1968	23c NAME OF CEL		ematory Cemetery		N (City or Town) nore City	(County)	(State)
2			24.	FUNERAL DIRECTOR	-0-1300	ADDRESS	Tuge (BATCITI BY REGISTRAR	2Sb. REGISTRAR'S		TE FIG.
	VR A15 (G a	T	loward H Hubbar	d /107 W		Onito 2	1220 000	10	CR Villa	Way You	page."







DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16892 CERTIFICATE OF DEATH 16909 DECEASED NAME Middle Lost 2n DATE OF DEATH 2b. HOUR within 24 haurs after death, and campletely filled in by the funeral remave carban papers. Pages seemd 2 in any event, within 72 hours after death. (Type or print) December ELMER SMITH 3. SEX 4 RACE S DATE OF BIRTH 6 AGE (In years IF JNDER 1 YEAR ast birthday) Sept 5.1902 White Male 76 CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 7a BIRTHPLACE (State or fareign 8. MARRIED X NEVER MARRIED country) Anne Arundel WIDOWED [DIVORCED [Maryland 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done 26 KIND OF BUSINESS OR give street address) during most of working life, even fretired) Glen Burnie Dry Dock cremation, ar removal, and in any event, 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13e STREET AND NUMBER executed 13c CITY OR TOWN 13d INSIDE CITY JIN TS? 13b. COUNTY YES 19 Flm Ave Maryland Glen Auro Anne (Garland 14 FATHER'S NAME Middle last IS. MOTHER'S MAIDEN NAME First requires that the death certificate ber Smith Sophia Hinkel Conrad 16a, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address (If yes give wor or dates of service) Yes, reperunknown) Mrs. Katherine R. Smith (wife) Same as 216-01-8539 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 1001 DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave) burial-transit rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause burial, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) prior to l as the O FUNERAL DIRECTOR: After this certificate has billen 19a. DATE OF OPERATION 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? of Health p YES 🖂 NO IZÍ be retained by the haspital ar 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING (T) CAUSE OF CEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY State City or Tawn Caupty While Nat while at work 22a. I certify that (1) (this haspital) attended the deceased from. 14/14. sow the deceased alive on 15/114/16 8 and that in (my) (our) apimon death occurred on the date and haur and from the causes stated abave, (1) (we) (did) (did not) view the body after death 22b SIGNATURE 22c. DATE SIGNED ATTENDING director, page 3 should be filed v DEGREE DIRECTOR PHYS 22d. PHYSICIAN'S 22e, ADDRESS NAME (Type) 23o. BURIAL, CREMATION 23b. DATE NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) PEMOYAL (Specify) .1968 Glan Haven Memorial Glen Aurnie Park 25b. REGISTRAR S SIGNATURE 24. FUNERAL DIRECTOR 2So REC'D BY REGISTRAR 1968 8

Glen Wurnie

30M REV 1/68

Singleton

Funeral



MARYLAND STATE DEPARTMENT OF HEALTH Item15 FilmGh08 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12/31/68 kk CERTIFICATE OF DEATH 16910 2a DATE OF DEATH 1. DECEASED-NAME First Middle Last 2b. HOUR (Type or print) Month John Smith Dec. OF JINDER 24 HRS 3 SEX S DATE OF BIRTH 6 AGE (In years SE UNGER I YEAR 4. RACE be executed within 24 hours after completely filled in by the love corbon papers. Pages y event, within 72 hours after HOURS M 12/21/1883 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY?" 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED Baltimore WIDOWED X DIVORCED [Anne Arundel 12s USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR give street address)
Knollwood Manor Nursing Home dur ng most of working life, even fretired) remove torbon Millersville Co. 13a. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 13c CITY OR TOWN 13d INSIDE CITY EIMITS? 13e STREET AND NUMBER odmission) STATE YES [NO ["arren Ave ony 15. MOTHERS MAIDEN NAME First 14 FATHER S NAME Middle last Ida Jane William H. Smith 4/Sanford Valdyddigiae /R Birmingham **Ricate** 17. INFORMANT 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. (If yes give war or dates of service) Yes, no, or unknown) Miss Ruth A. Smith 103 "arren Ave. 05 681 signed by the offerhaling phys buriol-transit permit. Then buriol, crematian, or removol 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o offer Conditions, if ony, which gove) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF by the hospitol or ottending physicion. stating the underlying causes PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) the O FUNERAL DIRECTOR: After this certificate hos been State Dept. of Health prior to 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? SD CAUSES OF DEATH? YES 🗔 NO I 210 ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 ar Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Day Year (If either, natify medical exominer) (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d, INJURY OCCURRED 21e. PLACE OF INJURY State City or Town County While Not while at work 220. I certify that (I) (this hospital) ottended the deceosed from Oct. 3 , 19 68 , to Dec. 20 , 19 68 , that (I) (vec) lost saw the deceosed olive on Dec. 17 19 68 , ond that in (my) (our) opinion death occurred on the date and hour and from the O HOSPITAL OR ATTEND Page 4 may be retained director, page 3 should should be filed with the causes stated above, (I) (we) (did) (did not) view the body after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING MED DIRECTOR 12/20/68 PHYS. 22a, ADDRESS 22d. PHYSICIAN'S NAME (Type) Ray M. Smith, H. D. Hahn Professional Bldg., Severna Pk., Md. 23d. LOCATION (City or Town) 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY 23g. BURIAL CREMATION REMOVAL (Specify) 12/23/68 Glen Haven Mem. Glen Burnie. Md 24. FUNERAL DIRECTOR 250. REC'D BY REGISTRAR DEC 2 4 2Sb. REGISTRAR'S SIGNATUR ADDRESS 30M REV JOHN F. DENNY, INC. 715 Light St.





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16990 6912 CERTIFICATE OF DEATH DECEASED NAME First Middle Lost 20 DATE OF DEATH 2b. HOUR law requires that the death certificate be executed within 24 haurs aftir death. (Type or print) Robert Smith 11:5503. SEX 4. RACE S. DATE OF BIRTH JE UNDER 1 YEAR IF LINDER 24 HRS 6. AGE (In years lost birthdoy) HOURS 9/1/97 Male Negro Ind completely filled in by remove carban papers. P 7c BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED XNEVER MARRIED country) US WIDOWED [7] DIVORCED [Ohio Anne Arundel 10 CITY OR TOWN OF DEATH 1) NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USJAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Crownsville State Hospital during most of working life, ever if retired) give street oddress) INDUSTRY Crownsville 13o USUAL RESIDENCE (Where deceased lived, if institution, Residence before 113c CITY OR TOWN 136 INSIDE CITY LIMITS? 13e STREET AND NUMBER odmission) STATE Mc1 13b. COUNTY NO 🗍 unknown unknown unknown 14. FATHER S NAME IS MOTHER'S MAIDEN NAME First remayal, and in unknown unknown please signed by the attending physician burial-transit permit. Then please 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Yes, no, or unknown) (If yes give wor or dates of service) 227-10-4107A Hospital Records Crownsville. Maryland unknown 18. CAUSE OF DEATH (Enter only one couse per line for (o) (b) and (c)) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE (AUSE (a) Bronchopneumonia, basal, bilateral 능 crematian, DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) attending TO FUNERAL DIRECTOR: After this certificate has been as the Senility: wemia: partial uretheal stricture 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES . NO [Page 4 may be retained by the haspital ar 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) ō OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. Stote City or Town County While Not while of work 220. I certify that (I) (this haspital) attended the deceased from 11/22 _____, 19.68__, to _____12 / _15__, 19.68___, that (I) (we) last 19 68, and that in (my) (our) opinion death accurred on the date and hour and from the saw the deceased alive an____ 12/15causes stated above, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c DATE SIGNED ATTENDING 12/16/68 DEGREE director, page shauld be filed PHYS. DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Crownsville State Hospital, Maryland 23c NAME OF CEMETERY OR CREMATORY 230 BUR AL, CREMATION, 23b DATE (County) (Stote) REMOVAL (Specify) FUNERAL DIRECTOR 30M REV



HEALTH DEPT. DECEASED NAME DECEASED NAME	
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3 SEX Male White S DATE OF BIRTH 10/10/1933 SEX Male S DATE OF BIRTH 10/10/193	11:30
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210 EXTERNAL CAUSE WAS 210 TIME OF IN. JRY Morth, Doy, Year HOUR A.M Dec. 5 or Subject found on entrance of Laurel Race Track 21d IN. LURY OCCURRED 21e PLACE OF N. LURY (At home, form, street, 21f Location Street or RFD No. City or Town County	State
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CHIEF MEDICAL EXAMINER ACTUAL SIGNATURE ACTUAL SIGNATURE SIGNATURE ACTUAL SIGNATURE	, 1968
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24. FUNERAL DIRECTOR Tyson "heeler Funeral Home 1331 Rockvible Day DEC 9" 1968 250 RECUBER SAIGNAY AND ADDRESS Tyson "heeler Funeral Home 1331 Rockvible Day DEC 9" 1968 250 RECUBER SAIGNAY AND ADDRESS DAY DAY DEC 9" 1968 250 RECUBER SAIGNAY AND ADDRESS DAY	A Para

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MARYLAND STATE DEPARTMENT OF HEALTH

	DIVISION	OF VITAL RECORDS,	301 W. PRESTON ST	REET, BALTIN	10RE, MARYLAND 21	201		
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1 DECEASED-NAME {Type or print}	First	Middle	Lost		20. DATE OF DEATH Month	Doy	Year 8	2b. HOUR
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3. SEX	4. RACE		S. DATE OF E		6. AGE (In ye	013	UNDER I YEAR NITHS OAYS	IF UNDER 24 HRS HOURS MIN.
Female		Negro	7,	4/09	159	YRS.		
70 BIRTHPLACE (State or fo	reign 7b CITIZEN	OF WHAT COUNTRY?	8 MARRIED NEVER MA	KKIED	COUNTY OF DEATH			
Drury Mryla	and US		WIDOWED DIVO	RCED 😿	Anne Arund	el		Md.
10 CITY OR TOWN OF DEATH	1	11. NAME OF HOSPITAL OR INS give street address)		during most	OCCUPATION (Kind of work t of working life, even if re		126 KIND OF INDUSTRY	BUSINESS OR
_Crownsville	2		State Hosp					
130 USUAL RESIDENCE (Who			13c. CITY OR TOWN	13d INSIDE CITY LIMIT	13e. STREET AND NUM	BER		
odm ssion) STATE Maryland	13b. COU	ne Arundel	Drury	YES NO	Box 238 D	rury	Mary1	and
14 FATHER'S?NAME Fir	nknown	dle Clast	11/	AIDEN NAME Firs	/ / · · · · · · · · · · · · · · · · · ·	iddle Le	2	Lost
160, WAS DECEASED EVER II		16b SOCIAL SECURITY N	IO. 17 INFORMANT			dress		
Yes, no, or unknown)	(If yes give war or doles of serv	unknown	Hospital	Records	, Crownsvill	e Sta		
		per line far (a), (b), and (c)						MATE INTERVAL DISET AND DEATH
PART I. DEATH W	AS CAUSED BY:	Bronchopt	eumonia					
4101	DUE TO	OR AS A CONSEQUENCE OF						
Conditions, if ony, wh	ich gove)	Concest	ive heart f.	ailure				

DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse Arteriosclerotic cardio vascular disease

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

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ı	Ĕ	190. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PER	RFORMED	20a. AUTOPSY?		20b. IF YES, WERE F	INDINGS CONSIDERED IN CERT	IFYING
ı	IFICA			YES 🖂	но [★ 0и	CAUSES OF DEATH?		
ı	CERI	210. ACCIDENT WAS UNDERLYING 215. TIME OF INJURY	21c. HOV			of injury in Port 1 o	or Port 2. Item 181	
ı	N.	CONTRIBUTING COLCAUSE OF DEATH HOUR A.M. Month Doy Year			(**************************************			
ı	ā	(If either, notify medical examiner) P.M. 19	7					
ı	×	21d. INJURY OCCURRED 21a. PLACE OF INJURY (AT HOME, FARM, STREET, FAC	TORY.} 21f LOC/	ATION Street or R.I	F.D. No.	City or Town	County	Stot

While Not while of work

22a. I certify that (I) (this hospital) oftended the deceosed from 2/18 , 19.63 , to 12/4 , 19.68 , that (I) (we) lost saw the deceased alive an 12/4 1968 , and that in (my) (our) opinion deoth occurred on the date and hour and from the causes stated abave, (I) (we) (did) (did nat) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE

(I huredown	2027	DEGREE	PHYS		DIRECT(OR 🗆
22d. PHYSICIAN'S NAME (Type)				Crown	-	11e	Stat

ADDRESS

e Hospital

23c NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City or Town) (County)

STAFF PHYS.

12/4/68

Stote

250. RECD BY REGISTRAP 68

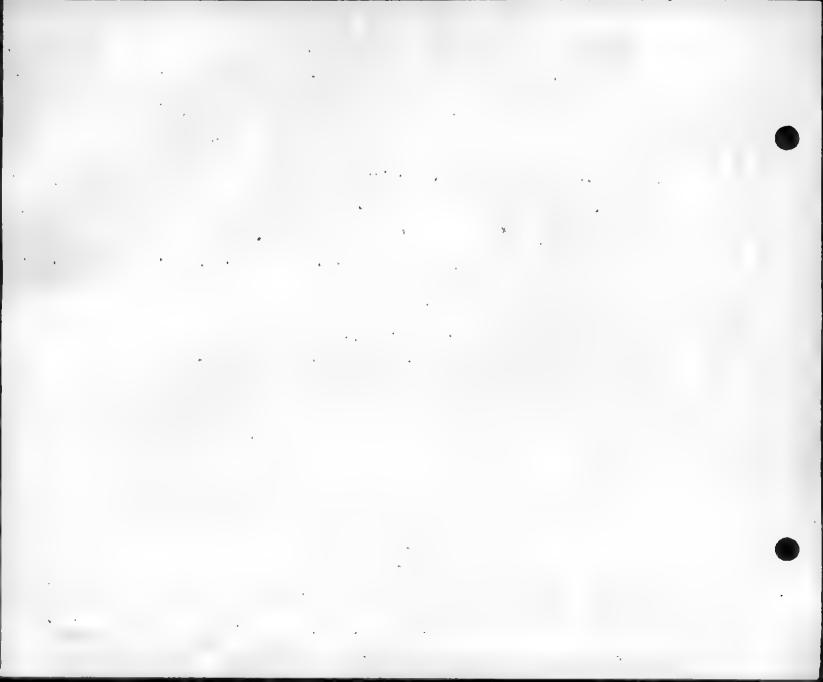
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Page 4 may be retained by the hospital or ottending physician. **O FUNERAL DIRECTOR:** After this certificate hos been signed by the attending physician ond completely, director, page 3 should be detoched for use as the burial-tronsit permit. Then please remove cologor subject to be field with the State Dept. of Health prior to burial, cremation, or removal, and in ony event, and the latter burial control of the latter burial control of the latter burial cremation. physician ond comple O FUNERAL DIRECTOR: After this certificate has been

BURIAL, CREMATION,

FUNERAL DIRECTOR

DATE

23b



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1 DECE

death.

D FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the director, page 3 should be detached far use as the build-fransit permit. Then please remove carbon papers—Pages shauld be filed with the State Dept. of Health priar to burial, crematian, or remaval, and in any event, within 72 hours at

requires that the death certificate be executed within 24 hours

O HOSPITAL OR ATTENDING PHYSICIAN: The law Page 4 may be retained by the haspital ar attency TO FUNERAL DIRECTOR: After this certificate has b

MARYLAND STATE DEPARTMENT OF HEALTH

DIVIS MARYLAND 21201

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	PART I. DEA	TH WAS CAUS MMED Mich gave te cause (a),	ED BY. IATE CAUSE (0) DUE TO, OR A	s A CONSEQUENCE OF	Hyp	no		ulox	Decid	ent		MATE INTERVAL ONSET AND DEATH
	stating the under	arying coose	(c)									
	PART 2. OTHER S	IGNIFICANT CO	NDITIONS CONTRIBUT	ING TO DEATH BUT N	OT RELATED TO 1	HE TERMINAL	DISEASE ORCO	ONDITION GIV	EN IN PART I(a)			
z	1773X											
CERTIFICATION	19a. DATE OF OPER	ATION 198	. CONDITION FOR WHI	CH OPERATION WAS P	ERFORMED	20a. AUTOP	NO 🔲		IF YES, WERE FINDING ES OF DEATH?	S CONSIL	DERED IN C	ERTIFYING
	210. ACCIDENT W				21c. HOW	INJURY OCCU	RRED (Enter	nature of inj	ury in Part 1 or Part	2, Item	18.)	
MEDICAL	OR CONTRIBUTING			Month Day Year	9							
ME	21d. INJURY OCC While Not w	JRRED 210	PLACE OF INJURY	AT HOME, FARM, STREET, FA	ictory,) 21f 10C/	TION Street	ar R.F.D. Na.	Cit	y or Tawn	Co	วบกโร	State
	at work of we	ork			1	lier		^_	D 11		6.	
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sow the deceased alive on 1960, and that in (my) (our) opinion death accurred on the date and hour and from the couses stated grove, (I) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED

ATTENDING PHYS. MED. DIRECTOR DEGREE 22e_ADDRESS PHYSICIAN NAME (Type

OR CREMAJORY

OR ALL CREMATION, REMOVAL (Specify)

2Sa REGISTRAR 19

23d

(State)

(County)

VR A15 (4) 30M REV 1 66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1 DECEASED NAME Mrddle Last 2a DATE OF DEATH 2b. HOUR First hours after death (Type or print) Coldie E. Starlings December S. DATE OF BIRTH IF UNDER 3 YEAR 3 SEX 4 RACE 6 AGE (In years IF UNDER 24 HRS last pirthday) 8-28-18 9 COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED Maryland WIDOWED [D VORCED U.3.A. Anne Arunde 120 USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (if not in hospital 12b. KIND OF BUSINESS OR give street oddress)
North Arundel during most of working life, even if retired)
Housewif INDUSTRY COPPOR Glen Burnie signed by the ottending physician ond completel buriol-transit permit. Then please remove color buriol, cremation, or removol, and in any event, v 13o USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIM TS? 13e STREET AND NUMBER that the death certificate be executed 13b., COUNTY odmission) STATE Arundel Severn 2. Box 239. Donaldson IS MOTHER'S MAIDEN NAME First 14. FATHER S NAME Middle Joseph Sweenev Goldie Walker 16b SOCIAL SECURITY NO 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, neggiunknawn) (If yes give wor or dates of service) MUKNOW N George A. Starlings -Husband APPROX MATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: BETWEEN DISET AND DEATH IMMEDIATE CAUSE (a) Canditions, if any, which gove) rise to immediate cause (o). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(o) as the prior to l O FUNERAL DIRECTOR: After this certificate has been 19g. DATE OF OPERATION 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? CAUSES OF DEATH? ATTENDING PHYSICIAN: The YES 🗀 detached for use te Dept. of Health 21a ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 216 HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical examiner) HOUR A.M. Manth Day Year 21d. NJURY OCCURRED 21e PLACE OF INJURY (AT HOME FARM, STREET FACTORY) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at work 22a. I certify that (!) (this haspital) attended the deceased from..... 19____, ta_ , that (I) (we) last saw the deceased alive an______19____, and that causes stated abave, (1) (we) (did) (did nat) view the bady after death ___, and that in (my) (aur) apinian death accurred an the date and have and from the director, page 3 should should be filed with the 22c. DATE SIGNED 22b. SIGNATURE DIRECTOR 22e. ADDRESS 22d PHYSICIAN'S NAME (Type) 425 Ri chie Hwy., Glen Burnie, Md. Orlando C. Ramos.ME 23d LOCATION (C.tv ar Tawn) 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMAT ON REMOVAL (Specify) Glen Haven Memorial Pk. Glen Burnie, Md. 25b. REGISTRAR'S SIGNATURE Funeral Home/Glen Burnie. Md. VR A15 (4)

1968

Millemela



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16917 CERTIFICATE OF DEATH DECEASED NAME First 2g DATE OF DEATH 2b HOUR both papers, Pages 1 ong 2 Witnin 12 hours after death. within 24 hours after death filled in by the funeral (Type or print) DR 4 RACE 3 5EX 6. AGE (n years F JANDER 1 VIAR IF LINDER 24 HRS MONTHS DAYS HOURS 12-27-19 70 BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? COUNTY OF DEATH MARRIED NEVER MARR ED DIVORCED 10 CITY OR TOWN OF DEATH HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR during mast at working life even if retired) INDUSTRY HUNADON 30. USUAL (ESIDENCE (Where deceased lived, if instituted admission) STATE 1.3b (QUNT) CITY OR TOWN ien 13d INSIDE CITY JIMITS? 13e STREET AND NUMBER ow reguires that the death certificate be executed offending physician one common Then pleose remove or removal, and in any 14. FATHER S NAME First Middle S MOTHER'S MAIDEN NAME First Lost 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address Yes, na. at-upknown) (If yes give war or dates of service) APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: germit. cremation, DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave) burial-transit rise to immediate couse (a), signild by DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause physicion. last. Health prior to burial, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) Page 4 may be retained by the haspital or ottending IO FUNERAL DIRECTOR: After this certificate has bein os the 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? for use YES I NO P 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year detoched familie Dept. af F P.M. (If either, natify medical examiner) with the State Dept. 21d IN URY OCCURRED 21e PLACE OF INSURY AT HOME FARM STREET FACTORY OFFICE BUILDING, ETC 21f LOCATION Street or R.F.D. No. City or Town County State While Nat while at wark at work -pe 22a. I certify that (1) (this haspital) attended the deceased fram_ _1968_, and that in (my) (our) opinian death occurred on the date and hour and from the 12/23 saw the deceased alive an-3 should couses stated abave (1) (we) (did) (aid not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED STAFF director, page 3 should be filed v DIRECTOR PHYS 22e. ADDRESS FORES 22d. PHYSICIAN'S NAME (Type REST 23b. DATE BURIAL, CREMATION NAME OF CEMETERY OR CREMATOR 23d LOCATION (County) (State) 12-31-68 UNIFICAL DIRECTOR 250 REC'D BY REGISTRAR REG_STRAR S SIGNATURE



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16918 CERTIFICATE OF DEATH tem2b FilmGh09 2/5/69 kk DECEASED-NAME First Lost 20 DATE OF DEATH Middle requires that the death certificate be executed within 24 haurs after death. VONDELL MELVA Month 18 Doy 968Year (Type or print) STILSON DEC FUNDER YEAR 3 SEX 4. RACE S. DATE OF BIRTH IF UNDER 24 HRS 6. AGE (In years lost birthdoy) Aug 14, 1948 Female. White 7o BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED X NEVER MARRIED Twin Falls, Idaho Anne Arundel USA WIDOWED [DIVORCED [ID CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (of not in hospital 126 KIND OF BUSINESS OR give street oddress)
U.S.Kimbrough Army Hosp during most of working life, even if retired)
Housewife INDUSTRY Ft Geo G.Meade 130 USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c, CITY OR TOWN Car 3d. INSIDE CITY LIMITS? 13e STREET AND NUMBER odmission) STATE Maryland 1803-E Forest Ave NO [38] please remaye Arundel Ft Meade 14. FATHER'S NAME First IS, MOTHER'S MAIDEN NAME First Middle Lost Last Floyd Evelyn Gurloff Andersen 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT 1803-E Fortst Ave Yes, no or unknown) James R.Stilson, 508-60-0766 Ft Geo G. Meade, Md signed by the attending phy 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY.

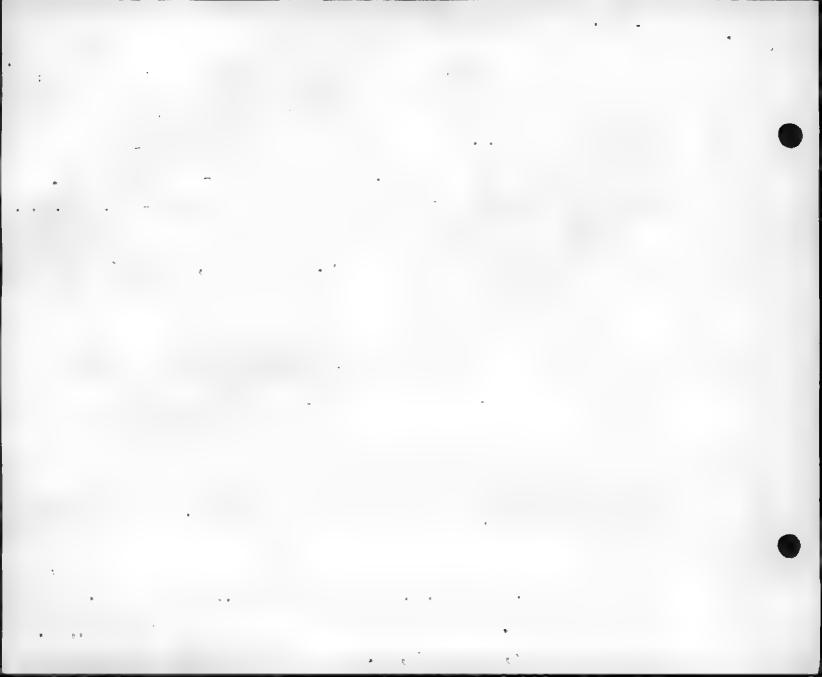
ASPHYXTA BETWEEN ONSET AND DEATH ASPHYXIA TRACHEAL PULMONARY HEMORRHAGIE 15 MIN IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gove) 12 HOURS ACUTE HEMORRHAGIC PNEUMONIA rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) O FUNERAL DIRECTOR: After this certificate has been the 19o, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes YES K 210 ACCIDENT WAS UNDERLYING 1216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Dov (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County Stote While Not while of work 22a. I certify that (1) (this haspital) attended the deceased from 18 DEC ..., 19 68, ta 18 DEC ..., 19 68, that \$1) (we) last saw the deceased alive on 19 68, and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated abave, (1) (we) (did) (did) (did) view the bady after death. 22b SIGNATURE 22c DATE SIGNED **ATTENDING** STAFF PHYS. 18 DEC 1968 directar, page shauld be filed PHYS DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) THEODORE R.HARELIK.CPT.MC US KIMBROUGH ARMY HOSP.FT 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURIAL, CREMATION, (County) REMOVAL (Specify) VR A15 (4) 30M REV, 1/68

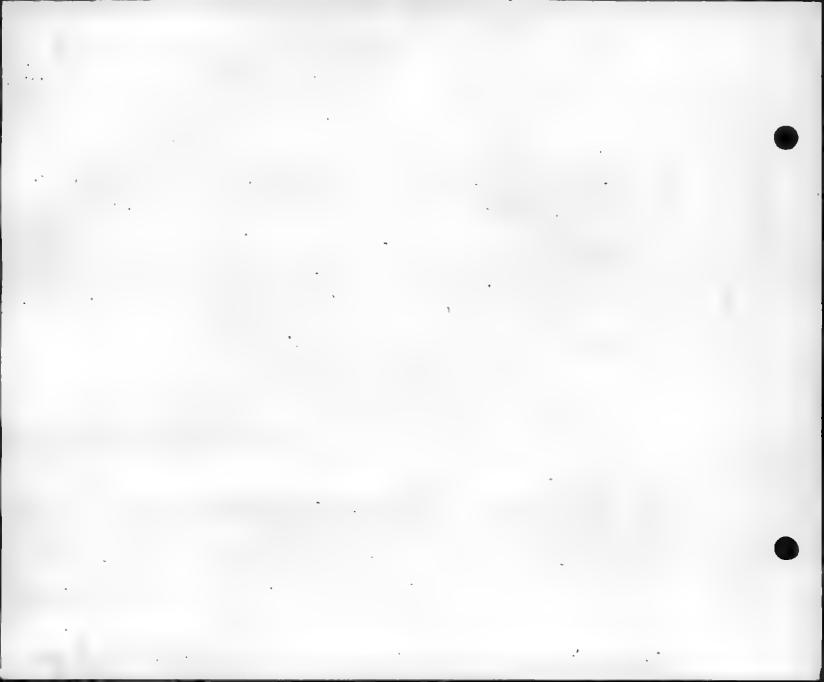


DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16919 CERTIFICATE OF DEATH 2b. HOURA DECEASED NAME First Middle 2g, DATE OF DEATH paperser ages 1 and 2 hin 72 haurs after death. Lost be executed within 24 haurs after death (Type ar print) and completely filled in by the funeral remave carbon papers and Month John Henry STONE December 3. SEX S. DATE OF BIRTH IF UNDER I YEAR 6. AGE (In years last birthdoy) May 26, 1904 Male White 64 70 BIRTHPLACE (State or foreign 76. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH MARRIED XX NEVER MARRIED Maryland U.S. WIDOWED [DIVORCED [Anne Arundel within 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during most of working life, even if retired)

Joiner — IECG Yard

INSIDE CITY LIM. TS? 13e STREET AND NUMBER give street address) INDUSTRY Annapolis AnneArundel Gen. Hospital Ret burial, crematian, ar remaval, alld in any event, 130 USUAL RESIDENCE (Where deceased lived if institution Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13b. COUNTY Glen Burnie 315 Balto-Anna. Blvd. S.E. Maryland Anne Arundel 14 FATHER'S NAME Lost 15. MOTHER'S MAIDEN NAME First Edgar Fenhegan ease Stone 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT requires that the death certificate Address Yes, na, or unknown) Mbs. Theresa Stone, same as 13 the attending physics to be the property of th APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART 1 DEATH WAS CAUSED BY-BETWEEN ONSET AND DEATH permit Acute pulmonary edema IMMEDIATE CAUSE (a) __ 12 hours DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if any, which gave) Myocardial infarction, acute inferior rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause Arteriosclerosis, general and coronary many_vears PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA, DISEASE OR CONDITION GIVEN IN PART 1(0) Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the should be filled with the State Dept. of Health prior to Diabetes mellitus -19g. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? None 210 ACC DENT WAS UNDERLYING 216 TIME OF THURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Not while at work 22a I certify that (I) (the hermital) attended the deceased from October 2, 1965, to Dec. 27, 1968, that (I) (1924) last saw the deceased dive an Dec. 27, 1968, and that in (my) town apinion death accurred on the date and have and from the causes stated above, (I) (1925) (did) (1925) view the bady after death. 22b SIGNATURE 22c. DATE SIGNED DEGREE DIRECTOR December 27,1968 22d PHYSICIAN'S 22e ADDRESS Charles W. Kinzer, M. D 16 Murray 230 BURIAL CREMATION 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town (County) (State) REMOVAL (Specify) 30 Dec.68 Glen Haven Memorial Glen Burnie. 24. FUNERAL DIRECTOR 25b REGISTRAR'S S GNATUR Kirkley Funeral Home, Glen Burnie, Mi.





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16921 CERTIFICATE OF DEATH DECEASED NAME Middle 2g DATE OF OFATH 2b. HOUR law requires that the death certificate be executed within 24 haurs after death. by the funeral Pages 1 and 2 haurs after death (Type or print) OBFD 6 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS DAYS MONTHS HOURS 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIEO | NEVER MARRIED apers. filled in country) WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 2b_KIND OF BUSINESS OR burial, crematian, ar remaval, and in any event, with 13a USUAL RESIDENCE (Where deceased lived, if institution Residence before CITY OR TOWN 13d. INSIDE CITY LIMETS? 13e, STREET AND NUMBER odmission) STATE 13b COUNTY attending physician and con sermit. Then please remay 14. FATHER'S NAME First Middle Lost IS MOTHERS MAJDEN NAME 16b. SOCIAL SECURITY NO 160. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT Yes, no, or unknown) (If yes give war or dates of service) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I DEATH WAS CAUSED BY BETWEEN ONSET AND DEATH permit. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove) burial-transit rise to immediate cause (a), signed by DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 3(a) Page 4 may be retained by the haspital or attending director, page 3 should be detached for use as the should be filed with the State Dept. af Health priar to O FUNERAL DIRECTOR: After this certificate has been CERTIFICATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? NO 🗆 YES 🔲 21o. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Month Day Year (If either, notify medical examiner) 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. State City or Town County While Not while at work 22a I certify that (I) (this hospital) ottended the deceased from 264, 1953, ta 20 DEC, 1965, that (I) (we) last saw the deceased alive an 20 DEC, 1968, and that in (my) (our) opinion death accurred on the date and hour and from the , 1953, to 10 DEC causes stated obave/(1) (we) (did) (did not) view the bady after death. 22b SIGNATURE 22c DATE SIGNED STAFF PHYS ATTENDING 10 DEC 68 DEGREE PHYS DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) 23b. DATE NAME OF CEMETERY OR CREMATORY 23d JOCATION (City or Town) BURIAL, CREMATION 2Sb REG STRAR'S SIGNATURE FUNERAL DIRECTOR ADDRES! 25g. REC'D BY REGISTRAR VR A15 [4] 1968 30M REV. 1/68





16911

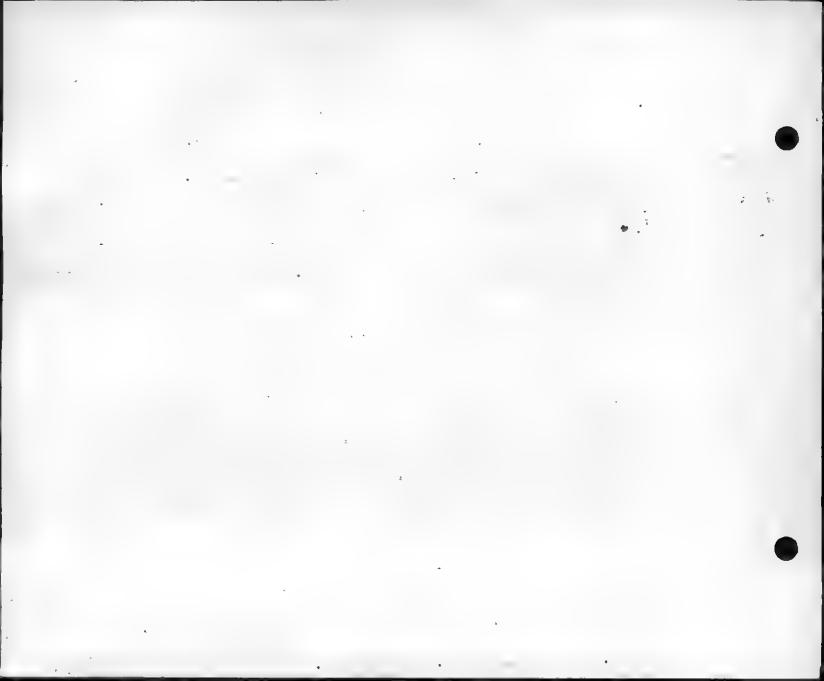
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

		a seeman											
	ECEASED NAME	First		Middle		Lost		2d. DAT	TE OF DEATH	2b. HOUR			
(1	Type or print)	Но	oward E.		Tankersley			Month Doy			18 68 4:20ah		
3. SI	EX		4. RACE	· · · · · · · · · · · · · · · · · · ·		DATE OF B			6. AGE (In year	irs il	F UNDER L YEAR ONTHS L DAYS	F UNDER 24 HRS.	
Male			W	White		1 8/24/05 lost birthday)						HOURS MIN	
7o. l	BIRTHPLACE (Stote or	foreign	7b. CITIZEN OF WHAT	COUNTRY?	8. MARRIED	NEVER MA	RRIED 9	. COUNT	Y OF DEATH				
ÇĐUI	Md		USA		WIDOWED DIVORCED			Ann	e Arundel		Md		
10. (CITY OR TOWN OF DEA	TH	11 NAME	OF HOSPITAL OR INS	STITUTION (If not in haspital 120 USUAL			L OCCUPATION (Kind of work dane			12b KIND OF BUSINESS OR		
	Crownsv		Crow	nsville	State H	ospit	a Bull		king life, even if set net be	red)	Steel		
13a.	USUAL RESIDENCE (W	here deceas	ed lived, if institution.	Res dence befare	13c. CITY OR TO	WN	13d INSIDE CITY CIM	1.0	e. STREET AND NUME	ER			
	ssion) STATE		13b. COUNTY	x /	Balti	more	YES NO	<u> </u>	31 S. Lir	wood	Ave_		
14.	FATHER S NAME	First	Middle	Last	15. N	NOTHER 5 M	AIDEN NAME FIN	st	Med	ldle		Lost	
		John					ollins	Ida		C	ollins		
	WAS DECEASED EVER	IN U.S. ARA	NED FORCES? 16	5. SOCIAL SECURITY N	O. 17. INFO	DRMANT			Add	ress			
	no.	for less floor or	2	15-01-04	77 Ho	spita	1_Recor	da	Crownsvil	10 S	tete-F	inenital	
			ly one cause per line fi					,				MATE INTERVAL INSET AND DEATH	
	PART I. DEATH) BY: kTE CAUSE (a)	Pneumon	ia								
	4124	(LINES II, LA III	(-)	CONSEQUENCE OF								Take ad ad wise - a v - 477	
	nise to immediate cause (o), (b) After to Scientific and to Vasculat disease												
	stating the underlying couse lost. 42 7/ (c)												
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g)												
_	Cirrhosis of liver, malnutrition, chronic alcoholism												
CERTIFICATION	19a. DATE OF OPERAT	1 S OF 1	CONDITION FOR WHICH	OPERATION WAS PER	FORMED	20g. AUT	COHOLLS OPSY?	20	Ob IF YES, WERE FIND	INGS CON	SIDERED IN C	ERTIFYING	
3						YES	NO E	C	AUSES OF DEATH?				
CFRT	21a ACCIDENT WAS	UNDERLYIN	G [215 TIME OF IN.	JURY	21c HOW			nature of	f injury in Part 1 ar f	Part 2. Ite	m 18.1		
₹	OR CONTRIBUTING		HOUR A.M. A	Nanth Day Year			(,		
EPICAL	(If either, nat-fy me 21d. INJURY OCCUR			19 Home, Farm, Street, Fact		TION Stre	et or R ED. No.		City or Town		County	State	
	While Not while		PLACE OF INJURY (AT	ICE BUILDING, ETC.	7 211. 1001	7110	61 01 K 1.0. 110.		city of town			21410	
			ie haenital\ attond	ad the decorre	d fram 1	2/12	10 6	Q to	12/19	10	60 that	(I) (mo) last	
	22a. I certify that (I) (this haspital) attended the deceased from 12/12 , 19.68 , to 12/18 , 19.68 , that (I) (we) las saw the deceased alive an 12/18/68 19 , and that in (my) (aur) apinion death accurred an the date and hour and from the												
	causes stated above, (I) (we) (did) (did nat) view the bady after death.												
	22b. SIGNATURE	C	\ \ \	>- "	7	ATTEMO	NC ME	:n	CTAFF >	22c. DA	TE SIGNED		
	DEGREE PHYS. DEGREE PHYS. DIRECTOR PHYS X 12								/18/68				
	22d. PHYSICIAN'S												
	NAME (Type)		·			Cro	wnsvill	e St	ate Hospi	tal,	Maryl	and	
23a	BLRIAL, CREMAT ON,		, ,		EMETERY OR CR				CATION (City or Town	.*	(County)	(Stote)	
_	3. REMOVAL (Specify)	7	2/21/168	New (a	thedra	L (er	netery	Balz	timore, A	anul	land		
24.	FUNERAL DIRECTOR	4.		ADDRESS		~	2Sq RECTO BY	REGISTR	AR 2Sb. REOM	TRAR'S SI	GNATURE		
	John A 1	Manan	9-2 200	2 C D 1	7 *	C .	DECO	7 /	1000 001			राई ल	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completed director, page 3 should be detached for use as the burial-tronsit permit. Then please remove corbeshould be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in any event.

VR A15 [4] 30M REV 1768



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16924 16912 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 2c DATE OF DEATH 26 HOUR and 2 death. ofter death. (Type or print) ROBERT (NMN) 0835 N THORNTON December S. DATE OF BIRTH IF UNDER 24 HRS 3. SEX 4 RACE 6. AGE (In years IF UNDER MONTHS HOURS lost birthdoy) Male Negro 05 January 1903 24 haurs 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH MARRIED NEVER MARRIED virginia U.S. Anne Arundel WIDOWED [DIVORCED [7] 10 CITY OR TOWN OF DEATH 1) NAME OF HOSPITAL OR INSTITUTION (If not in hospitol 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street oddress)
46 College Creek Terrace during most of working life, even if retired) INDUSTRY Annapolis 13o USUAL RESIDENCE (Where deceased lived, if institution Residence before 113c CITY OR TOWN 13d UNSIDE CITY UNITS? 13e STREET AND NUMBER event, law requires that the death certificate be executed 13b. COUNTY YES 😿 NO [46 College Creek Terrace Annapolis Arundel 14. FATHER'S NAME M ddle Lost LEE (NMN) THORNTON 16b. SOCIAL SECURITY NO 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, go, or unknown) war or dates of service)
- 1946 remayal, Wife. 46 College Creek Terrace, Annapolis 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: CARDIAC ARREST IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if ony, which gove) ARTERIOSCLEROTIC HEART DISEASE nse to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) the O FUNERAL DIRECTOR: After this certificate h≡s bee≡ 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20o AUTOPSY? CAUSES OF DEATH? NO [YES | 210 ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21r HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 1B.) far OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M detached (AT HOME FARM STREET, FACTORY,) 23f. LOCATION Street or R.F.D. No. 21d INJURY OCCURRED Stote 21e. PLACE OF INJURY City or Town County While Not while of work 22a. I certify that (I) (this haspital) attended the deceased fram... ..., ta ___., that (I) (we) last and that in (my) (aur) apinian death accurred an the date and haur and fram the saw the deceased alive an_ Page 4 may be retained causes stated abave, (I) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c DATE SIGNED STAFF PHYS. December 1968 DEORFE PHYS DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S MC USNR NAVAL HOSPITAL, ANNAPOLIS, MD. shauld 230 BUR AL, CREMATION 23b DATE VR A15



Gonce 4001 Rit chie Hwy. A. A. Co.

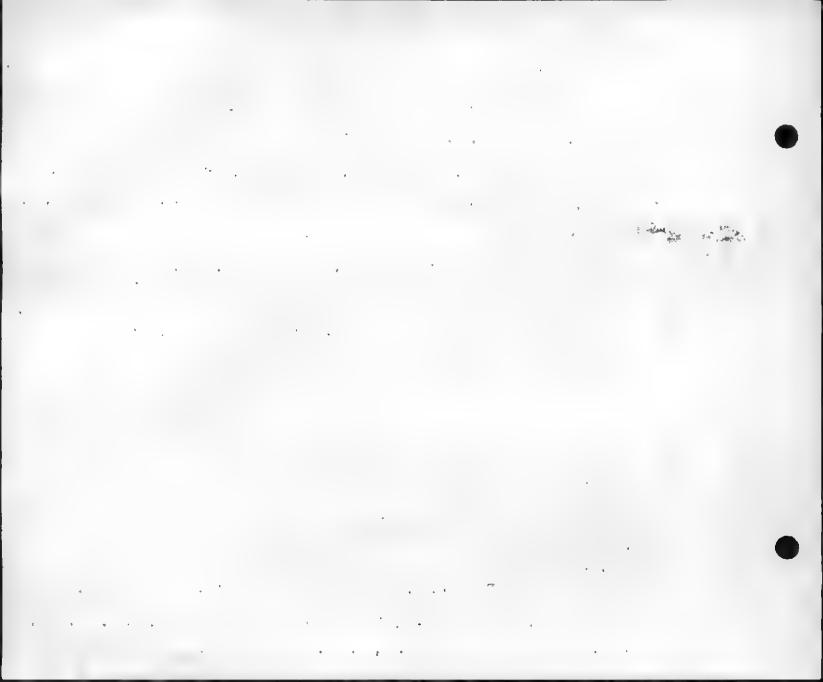
24. FUNERAL DIRECTOR

30M REV, I AS

2Sb REGISTRAR'S SIGNATURE

1968

2Sq. REC'D BY REGISTRAR



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

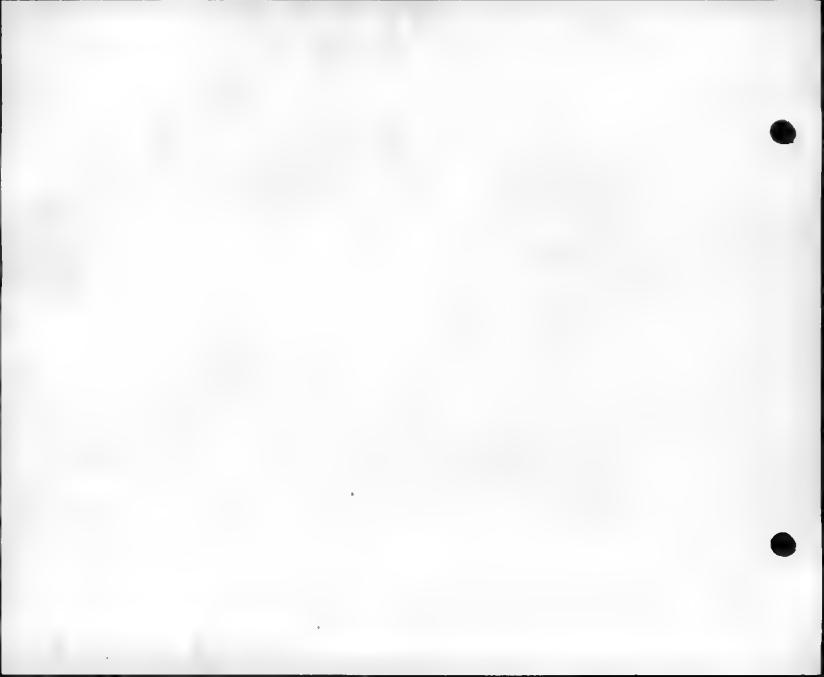
16926

1												
		CEASED-NAME First Middle Last 20. DATE OF DEATH YOUR OF PRINT DAY 30 YEAR SELECTION TOWNSENDS DECEMBER DAY 30 YEAR SELECTION OF MARKET DAY 30 YEAR SELECTION										
	3. SE	A. RACE 4. RACE 5. DATE OF BIRTH 5. EL. 13. 1900 6. AGE (In years lost birthday) MONTHS DAYS HOURS MINE 6. YRS.										
	70 E	IRTHPLACE (State or foreign) 76 CITIZEN OF WHAT COUNTRY? Try) Maryland CSA WIDOWED DIVORCED OF MARRIED MARRIE										
		ITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if refired.) 12. USUAL OCCUPATION (Kind of work done during most of working life, even if refired.) 12. USUAL OCCUPATION (Kind of work done libb KIND OF BUSINESS OR Libbarray) 12. USUAL OCCUPATION (Kind of work done libbarray) 13. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if refired.)										
}	13a ogmi	USUAL RESIDENCE (Where decased lived, it institution. Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e, STREET AND NUMBER SSNOR) STATE AND NUMBER YES NOW YES NOW MARYLAND LITTLE AND NUMBER YES NOW MARYLAND LITTLE AND NUMBER AND STREET AND NUMBER YES NOW NOW HERE AND NUMBER										
	14 F	ATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost Unknown Unknown										
		WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, or unknown) (If yes give war or dates of service) 212-05-4490 Herry Charles Ton more SR Share										
		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c)) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Control of the cont										
		Canditions, if any, which gave) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave										
		stating the underlying cause ast to, or ASA CONSEQUENCE OF Cobelle of Control as the underlying cause ast										
	N.	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 4200										
X	CERTIFICATION	19d. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? YES NO CAUSES OF DEATH?										
	MEDICAL CE	21a ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year P.M. 19										
	ME	2 d N. LRY OCCURRED While Not while of twork of the Building, Etc. 2 d N. LRY OCCURRED at work of the Building, Etc. 2 d N. LRY OCCURRED at work of the Building, Etc.										
	П	22a certify that (1) (this hospital) artended the deceased from (1) (that in (my) (sur) apinion death occurred on the date and have and from the causes stated abave, (1) (we) (did) (did not) view the body after death.										
		22b. SIGNATURES DEGREE ATTENDING MED DIRECTOR D STAFF DIVS DIRECTOR D 12/30/08										
1		22d PHYSICIAN'S NAME (Type) J. M. Mc Laugh Ini 22g. ADDRESS Thruston Al Feleder. Mel 21/22										
		BURIAL (REMATION, BURIAL Specify) 23b DATE 1/3/69 23c NAME OF CEMETERY OR CREMATORY BURIAL (Specify) 4. A. Co. Md.										
0	24	FUNERAL DIRECTOR L. H. ADDRESS 250. REC'D BY REGISTRAR 250 REGISTRAR'S SIGNATURE										

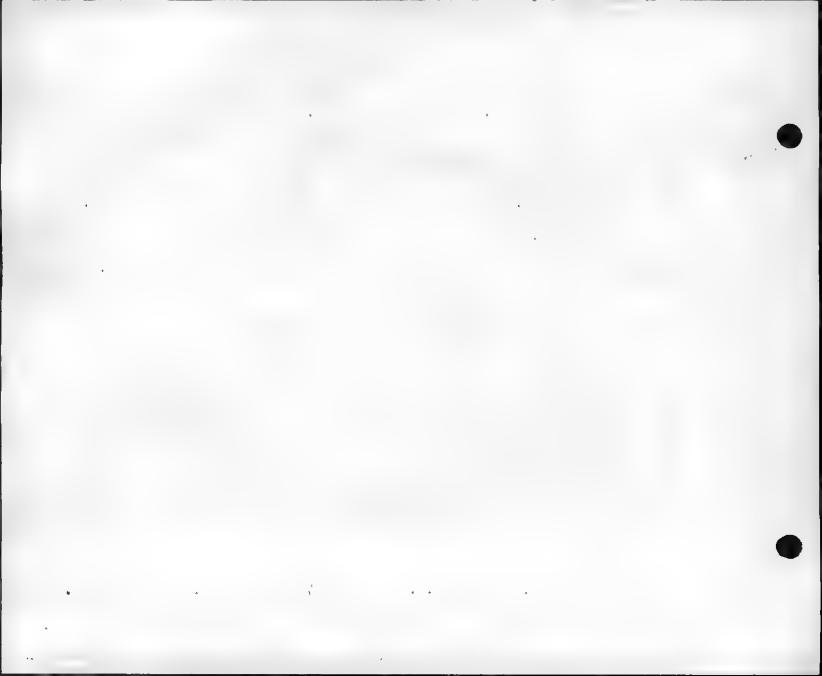
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and campletely filled in by the funeral director, page 3 shauld be detached far use as the burnal-transit permit. Them please remayerandon papers. Pages 1 and 2 shauld be filled with the State Dept. at Health priar ta burial, crematian, ar remayal, and in any event, within 72 haurs after death. VR A15 (A)

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the haspital ar attending physician.

16914



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item#8 Film#G408 12/31/68 vmp CERTIFICATE OF DEATH DECEASED NAME First 20. DATE OF DEATH 26 HOLLR (Type or print) Ruth Rebecca 6. AGE (In years lost birthdoy) S. DATE OF BIRTH fesale 7o. BIRTHPLACE (Stote or foreign 7b. CIT: 7EN OF WHAT COUNTRY? NEVER MARRIED country) DIVORCED alabama CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (Kind of work done during most of working life, even if retired) the attending physicion and completely sit permit. Them please remove carbin event. 13a USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER requires that the death certificate be executed 13b COUNTY Alma Jolis YES X NO. 16 Silo, anna dd. IS. MOTHER'S MAIDEN NAME First Lost dobe t A. Glasgow wanc. Carol o ac asch 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Yes, no, or unknown) 426 20-337 Burton D. Vinson - Pylesville, Md. APPROX MATE INTERVAL 1B. CAUSE OF DEATH (Enter only one cause per line to) (a), (b), SETWEEN ONSET AND DE PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE cremation, Conditions if any, which gove) buriol-tronsit rise to immediate couse (a), signed by stoting the underlying couse buriol, as the prior to b O FUNERAL DIRECTOR: After this certificate hos been 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES [Heolth (210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 23c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, item 3B) ò OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year If either, notify medical exominer) 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM STREET, FACTORY.) 21f LOCATION Street or R.F.D. No City or Town Stote County While Not while at work 22a. Certify that (1) (this haspital) afterded the deceased from home 190/ to 1/ 10 1800 19 1900, and that in (my) (our) apinion death accurred on the date and haur and from the saw, he deceased alive andirector, page 3 should should be filed with the causes stated above. (t) (we) (did not) view the bady after death. 22b. SIGNATURE-2 DEGREE DIRECTOR 22d PHYSICIANS 22e ADDRESS Peter F. Verkouw, M.D. 1407 Forest Drive. Annapolis, Md. 23a BURIAL, CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) REMOVAL (Specify) Hillcrest Ce .stery mnapolis ..d.



MARYLAND STATE DEPARTMENT OF HEALTH

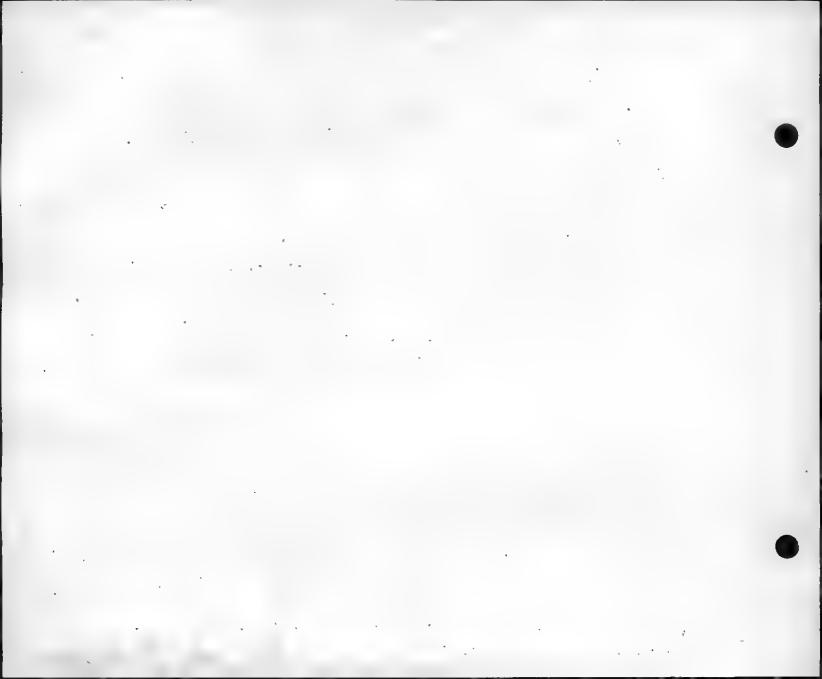
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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• /	(A)		16916	CERTIFICATE OF DEATH								032	3
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se r din		August Potts Mary E. Kavanaugh											
sician please I, and			WAS DECEASED EVER IN U.S. ARME (es, ng. or unknown) (If yes give war	D FORCES? 16b. (SOCIAL SECURITY N		INFORMANT		0.11	Addr		1	D - 1
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this cert detached te Dept. a	-	2	21d. INJURY OCCURRED 21e. P	LACE OF INJURY (AT HO.	ME, FARM, STREET, FACT BUILDING, ETC.	10RY.) 21f	LOCATION Stre	et or R.F.D. No.	City o	r Town	Car	unty	Stote
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After be Stat		22a. I certify that (I) (this haspital) attended the deceased from 1900, 1900, ta 1900, 1900, that (I) (we) las saw the deceased alive an 1900, and that in (ny) (our) opinion deoth occupied on the date and hour and from the											
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			22h SIGNATURE	/ · 1c	1.0		ATTENDI	NG	n –	STAFF	22c DATE	SIGNED	O-
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O FUNER, director, should b		230	BURIAL, CREMATION, 23b. DA REMOVAL (Specify)		23c NAME OF C					(City or Town)		ounty)	(Stote)
2 "	Λ.		FUNERAL DIRECTOR	1/2/69	New Ca	tnecr	al Ceme		REGISTRAR -	ore, Mo		ATLIRE	
VR A15 30M REV		W.	itzke,4101 Edmo	ndson Ave.	, 21229			DATEJAN	9 406		Acres Sign		

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and camplekely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon, papers. Pages from should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deapt

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed

Page 4 may be retained by the haspital ar attending physician.





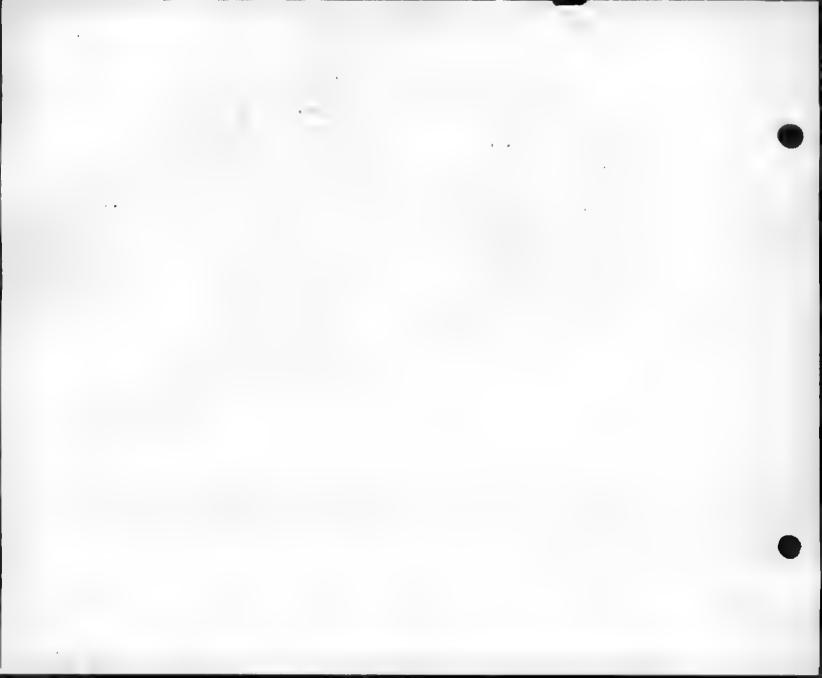
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16930 CERTIFICATE OF DEATH Lost 20 DATE OF DEATH 2b. HQUR DECEASED-NAME Middle (Type or print) WEBER JUNIOR 3 SEX S DATE OF BIRTH 6 AGE (In years IF LINDER YEAR **24** hours after lost birthday) MONTHS 8 November MALE CAUCASIAN 7a BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED NEVER MARRIED MARYLAND WIDOWED D.VORCED ANNE ARUNDEL 11. NAME OF HOSPITAL OR INSTITUTION (of not in hospital 12a USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH 12b KIND OF BUSINESS OR give street address) during most of working life, even if retired) ANNAPOLTS 130 USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 13d. INSIDE GITY LIM TS7 13e STREET AND NUMBER odmission) STATE 136 COUNTY requires that the death certificate be exacute remove ROUTE A 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First DECEASED GEORGE BARTLETT ELIZABETH SHARP DECEASED 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Yes, no, ar unknown) (If yes give war or dates of service) 1943-1963 VIOLET M. WEBERRIA BOX386, AN"APOLIS.MD. CAUSE OF DEATH (Enter only one cause per one for (a), (b) and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY MYOCARDIAL INFARGTION IMMEDIATE CAUSE (o) _ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) O FUNERAL DIRECTOR: After this certificate has been signed by the director, page 3 should be detached for use as the burial-transit rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse! PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? CAUSES OF DEATH? NO F 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18) OR CONTR BUTING CAUSE OF DEATH HOUR A.M. Month Dov Year (If either, natify medical examiner) 23e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d, INJURY OCCURRED City or Town County Stote White Nat while at wark couses stated above, (1) (we) (did) (did not) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING MED. DIRECTOR director, page 3 >should be filed v 6 December 1968 DEGREE PHYSICIAN S 22e. ADDRESS NAME (Type) HAROLD S SOLOMAN LT MS. 23c. NAME OF CEMETERY OR CREMATORY BURJAL CREMATION-DATE 2Sb. REGISTRAR'S SIGNATURE 30M REV. 1168 nance

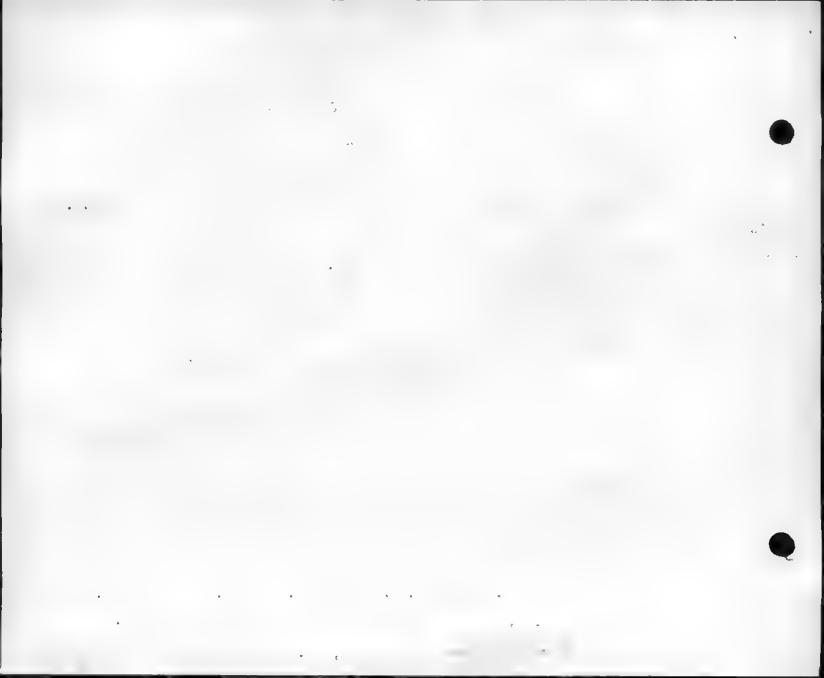


DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16919 CERTIFICATE OF DEATH 1693 DECEASED-NAME First 20 DATE OF DEATH Middle 2b HOUR deoth. death ond (Type or print) nera within 24 hours after 3. SEX 6. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS last bighday) MONTHS DAYS HOURS 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED and completely filled in within 72 l WIDOWED DIVORCED [corbon paper NAME OF HOSPITAL OR INSTITUTION (If not in haspital OR TOWN OF DEATH 12o. USUAL OCCUPATION (Kind of work dane 26 KIND OF BUSINESS OR give street address' during most of working life, even if retired) INDUSTRY 13a USUAL RES.DENCE (Where deceased lived, if institution Residence before 13d INSIDE CITY JAK TS? 13e STREET AND NUMBER 13b. COUNTY YES X remove and in ony 14. FATHER'S NAME Middle MOTHER'S MAIDEN NAME First please the ottending physicial sit permit. Then please low requires that the death certificate 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO Address Yes, na, ar unknawn) (If yes give wor or dates of service) Same cremotion, or removol, APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) BETWEEN ONSET AND DEAT PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Conditions, if any, which cave t burial-tronsit rise to immediate cause (a), signed by t DUE TO, OR AS A CONSEQUENCE OF physicion. stating the underlying cause PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 ottending § as the prior to t hos been 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO IV USe Heolth (YES 🖂 O FUNERAL DIRECTOR: After this certificate Page 4 may be retained by the hospital or 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) Į0 OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year of (If either, natify medical examiner) P.M. detorhed Stote Dept. 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D No. State City of Town County OFFICE BUILDING ETC While Not while of wark OR ATTENDING 22a. I certify that (I) (this hospital) attended the deceased from. 195 % pe saw the deceosed alive on 1213 19 60, and that in (my) (our) opinion death accurred on the date and hour and from the director, page 3 should should be filed with the causes stated obove, (1) (we) (did) (did not) view the body ofter death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** DEGREE DIRECTOR PHYS PHYS 22d. PHYSICIAN'S 22e, ADDRESS NAME (Type) BUR AL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY (County) /(Stote) REMOVAL (Specify) Pm7 more 25b. REGISTRAR'S SIGNATURE PUNERAL DIRECTA 30M REV.



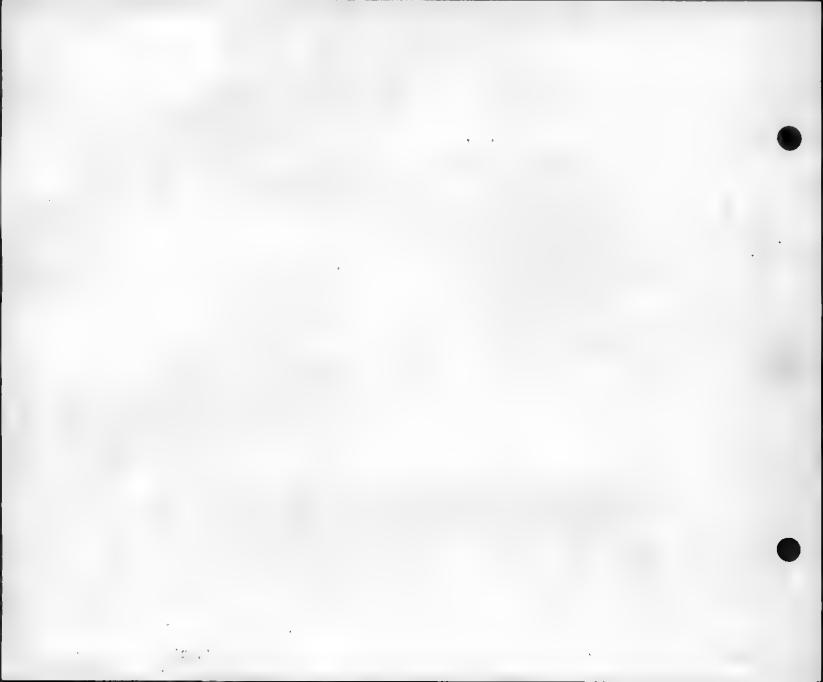
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 16932 led in by the funeral copers. Pages 1 and 2 hin 72 hours after death. 1. DECEASED-NAME First M ddle 26 HOUR Last 2a DATE OF DEATH 24 hours after death (Type or print) Allen WHITELER Leonard 3 SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR F JNDER 24 HRS last birthday) RETINDM White Male 1899 Nov. 5. 7a. BIRTHPLACE (State at fareign 76 CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) Anne Arundel Maryland U.S. WIDOWED I DIVORCED [10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (if not in haspital 12g USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR Anne Arundel Gen. Hospital during post of working life even if retired) give street address) carbon Annapolis 13a USUAL RES DENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 3e STREET AND NUMBER 13d HISIDE CITY L M TS? The low requires that the death certificate be executed Anne YES TO NO 322 Adams St., the attending physicion one with Annapolis Arundel cremation, or removal, and in any 14 FATHER'S WAME 15. MOTHER S MAIDEN NAME First Middle 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT Yes, po, ar unknawn) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c)) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) 2 DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave) burial-transit rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying causes signed l burial PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Poge 4 moy be retained by the hospital or ottending os the prior to t O FUNERAL DIRECTOR: After this certificate has been 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY2 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO | for use YES [7] 21a ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Day Year (If either, natify medical examiner) (AT HOME, FARM, STREET, FACTORY) 21 F LOCATION Street or R.F.D. No. 21d INJURY OCCURRED 210 PLACE OF INJURY City of Town County State While Mat while at wark 22a. I certify that (1) (this haspital) attended the deceased from 12-24, 1968, to 12-27, 1968, that (1) (we) last saw the deceased alive an 12-24, 1968, and that in (my) (aur) apinian death accurred an the date and haur and from the director, page 3 should should be filed with the eauses stated abave, (1) (we) (did) (did nat) view the bady after death. 22c. DATE SIGNED ATTENDING STAFF DEGREE DIRECTOR PHYS 22e. ADDRESS NAME (Type) 230 BURIAL, CREMATION 23b DATE NAMES OF CEMETERY OR CREMATORY BCATION (Cty or Town) (Caunty) FUNERAL DIRECTOR ADDRESS





George J. Gonce 4001 RitchieHwy. Balto. Md.

DATE AN 8.





DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 16936 Last 20. DATE OF DEATH DECEASED NAME 2b HOUR death. (Type or print) vathin 72 haurs after 6 AGF (In years IE UNDER 1 YEAR 4. RACE DATE OF BIRTH IE UNDER 24 HRS. igst birthdoy) HOURS 9. COUNTY OF DEATH 7o BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED country) filled in WIDOWED-IZ DIVORCED 12a USUAL OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (if not in hospital 12b KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH give street oddress) during most of working life, even if retired.) INDUSTRY lease remave carban signed by the attending physician and campletefly burial-transit permit. Then please remave carban LINNAFOLIS 130 USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13d. NSIDE CITY LIMITS? 13e. STREET AND NUMBER The law requires that the death certificate be executed 13b. COUNTY NO. and in any Middle Middle Lost IS. MOTHER'S MAIDEN NAME First First 17 INFORMANT Address 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. (If yes give war or dates at service) Yes, no. or unknown) YKK MINAC ar remayal, APPROX MATÉ INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions if any, which gove) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF attending physician. stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION G.VEN IN PART 1(a) prior to b TO FUNERAL DIRECTOR: After this certificate has been the 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CERTIFICAT 80 CAUSES OF DEATH? NO | YES 🗀 by the haspital ar 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH Manth Day Year HOUR A.M. (If either, notify medical examiner) P.M detached 21d. IN. JRY OCCURRED AT HOME, FARM, STREET, FACTORY State 21e. PLACE OF INJURY 21f LOCATION Street or R.F.D. No. City or Town County While Nat while at wark Dic 26, 1968, that (1) (we) last be retained shauld 22c DATE SIGNED 22b SIGNATURE ATTENDING STAFF DEGREE PHYS. DIRECTOR director, page should be filed 22e. ADDRESS Page 4 may 22d. PHYSICIAN'S NAME (Type) (Stote) 23b. DATE NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) BURIAL CREMATION. REMOVAL (Specify) 25a REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 30M REV 1/8 AN DATE

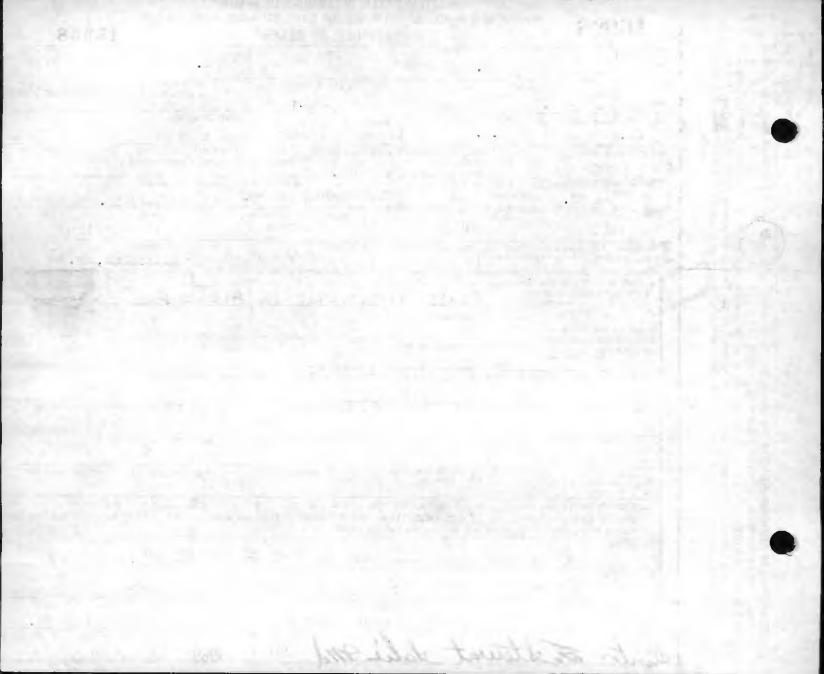


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16937 CERTIFICATE OF DEATH 1. DECFASED-NAME Last First 20 DATE OF DEATH 2b. HOUR death. find (Type or print) **EDWUND** TYLER WOOLDRIDGE DECEMBER 968 0025 # 3 SEX 4 RACE S. DATE OF BIRTH 6 AGE (in years F JNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) MALE CAUCASIAN JANUARY 1897 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED 🔀 NEVER MARRIED country) WIDOWED [DIVORCED [ANNE ARUNDEL 120 USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspitol 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.) INDUSTRY remove carban ANNAPOLIS NAVY campletely 130 USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 3d INSIDE CITY JAHTS? 13e STREET AND NUMBER law requires that the death certificate be executed odmission) STATE 13b. COUNTY YES 🔽 NO [AT NAPOLIS 710 AMERICANA DRIVE and in any 4 FATHER'S NAME and Middle Last 1S. MOTHER S MAIDEN NAME First Middle please signed by the attending physician burial-transit permit. Then please APT Ades & 16b. SOCIAL SECURITY NO 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ANNAPOLIS. Yes, no, or unknown) I stif yes give war or dates of service) 1918-1948 710 AMERICANA UR. ar remova 03.7.26 0448. MARION WOOLDRIDGE. 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c)) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE TOT ACUTE MY OCARDIAL INFARCTION 2 WEEKS DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave ! 6 YEARS (b) ARTERIOSCLEROTIC HEART DISEASE rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) has been s as the 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES 🔀 NO F Page 4 may be retained by the hospital or this certificate 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. detached 21d. INJURY OCCURRED AT HOME FARM, STREET FACTORY, 1 21f LOCATION 21e. PLACE OF INJURY Street or R.F.D. No. State City or Town County While Not while at work O FUNERAL DIRECTOR: After 22a. I certify that (x) (this hospital) attended the deceased fram 29 NOVENBER 19 88, to 15 DECEMBER 968 saw the deceased glive and 5 DECELBER 1958, and that in (my) (30%) apinion death accurred on the date and haur and from the shauld causes stated above, (1) (we) (did) (door) view the bady after death. 22b. SIGNATURE 22c DATE SIGNED MD DEGREE **ATTENDING** STAFF PHYS director, page 3 shauld be filed v DIRECTOR 15 DECEMBER 1968 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) U.S. NAVAL HOSPITAL . ANNAFCLIS. .. D. 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b DATE (County) 23o. BURIAL CREMATION (State) 2Sq. REC'D BY REGISTRAR VR A15 (4)



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16938 CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 20. DATE OF DEATH executed within 24 hours after death. death. Dec. Month 28 Day 1968 eor (Type or print) V. Wright 1:22 Sidney 4. RACE IF UNDER 1 YEAR IF UNDER 24 HRS. 3. SEX S. DATE OF BIRTH 6. AGE (In years siction and completely filled in 157 the following propers Pages I, and in any event, within 22 froms of the HOURS lost birthdoy) Male 7-28-19 76. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign B. MARRIED NEVER MARRIED country) Md. U.S. WIDOWED | DIVORCED Anne Arundel 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.) INDUSTRY Glen Burnie North Arundel Hosp. 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e STREET AND NUMBER 13d. INSIDE CITY LIMITS? admission) STATE 13b. COUNTY Glen Burnie YES NO T Md. 205 Warfield Rd. and in any 14. FATHER'S NAME Middle First Middle IS. MOTHER'S MAIDEN NAME First Lost attending physician and permit. Then please rem Wright Parry Sarah Wright requires that the death certificates be 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, qo, or unknown) (If yes give war or dates of service) Theodore Wright Watipquin. Md. remayal, APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) BETWEEN ONSET AND GEATH PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) UDEATDIAL permit. P crematian, DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) burial-transit rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) as the be retained by the haspital ar attending Page 4 may be retained by the haspital ar attending to FUNERAL DIRECTOR: After this certificate has been TENDING PHYSICIAN: The law 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 206, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🔲 NO | far use f Health (use 21o. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year be detached State Dept. af (If either, notify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Nat while at wark 22a. I certify that (1) (this haspital) attended the deceased from 12-1-, 1960, ta 12-28-, 1960, that (1) (we) last saw the deceased alive an 12-20-1960, and that in (my) (aur) apinian death accurred an the date and hour and from the saw the deceased alive an 12-20-1964, and that causes stated abave, (I) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED MED. DIRECTOR ATTENDING STAFF PHYS. arry HD DEGREE director, page shauld be filed 22e. ADDRESS 22d. PHYSICIAN'S OFLANDO E RAKOS 4.0 NAME (Type) MEDICAL ARUNDEL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE (County) 23a. BURIAL, CREMATION, (State) REMOVAL (Specify) 19 Odd Wellow Cometery Netipauin Nicomico 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 25g. REC'D BY REGISTRAR VR A15 (4) 30M REV. 1/68 N Alad



VR A15 (4) A 30M REV. 1/68-

NAME (Type)

23b. DATE

23a. BURIAL, CREMATION,

BUT1 31

2Sq. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR **ADDRESS** Glen Burnie, Md. DABEC 1 Sincleton

23c. NAME OF CEMETERY OR CREMATORY

2Sb. REGISTRAR'S SIGNATURE Milanen Judge

(County)

23d. LOCATION (City or Town)

10.1968 Glen Haven Memorial Pk. Glen Burnie, Marvland

